

California State Journal of Medicine.

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Medical Society of the State of California

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EDITORIAL NOTES.

The House of Delegates, at the Del Monte meeting, elected the following officers for the ensuing year: President, George H.

OUR NEW RULERS. Evans, San Francisco; First Vice-President, J. A. McKee,

Sacramento; Second Vice-

President, Jno. C. King, Banning; Secretary, Philip Mills Jones, San Francisco; Assistant Secretaries, Harold P. Hill and Walter Hewlett, San Francisco; Councilors, Eighth District, Jas. H. Parkinson, Sacramento; Sixth District, C. G. Kenyon, San Francisco; Second District, George H. Kress, Los Angeles; at large, F. C. E. Mattison, Pasadena; Third District, T. C. Edwards, Salinas; Fourth District, George H. Aiken, Fresno; First District, R. Burnham, San Diego; at large, H. A. L. Ryfkoegel, San Francisco; Fifth District, A. E. Osborne, Santa Clara. Delegates to the American Medical Association, for two years, H. Bert Ellis and Philip M. Jones; for one year, Oliver D. Hamlin; alternates, H. M. Pond, C. C. Browning and W. F. Snow. Committee on Scientific Work, Martin Fischer, W. I. Terry, F. M. Pottenger and Walter Hewlett. Committee on Public Policy and Legislation, F. B. Carpenter, J. W. James and Dudley Tait. Committee on Arrangements, F. R. Burnham, H. N. Goff and P. J. Parker. The President has appointed on the Pure Food Committee F. C. E. Mattison, Chairman, and Geo. H. Kress, Stanley Black, R. L. Porter and W. F. Snow. The next place of meeting is to be Coronado.

At the recent meeting of the State Society, the House of Delegates passed some resolutions authorizing very important undertakings. The Council is requested to continue and to broaden the organization work already

GOOD WORK.

undertaken, and to expand the scope of it so that public meetings may be held and both laity and physicians discuss those things which are of common interest. Closely associated with this is the appointment of a Committee on Pure Food control. This committee is to co-operate with similar committees to be organized in the various counties and had its origin in Los Angeles, where a committee of this sort has been working to better the milk supply. It was found easy to control the milk produced in the county, but little could be done to prevent the income of exceedingly dirty milk from adjoining counties. This is but one of the many things about which the public needs education from our profession, and it is partly the work of these committees to see that the work of enlightenment is systematized and carried out. We would respectfully suggest to this committee the value of getting up exhibits of specimens, photographs, lantern slides, etc., which could be demonstrated before public gatherings, showing the filthy condition of dairies and of the dairy product. In close connection with this Pure Food Committee a Committee on Publicity was authorized, the purpose being to have this committee aid in getting up statements for the press of the state and thus aid in the work of enlightenment. The Committee on Publicity can do an immense amount of good work if it will attend to its duties, for there are very many subjects about which the general public is keen for information of an authoritative nature. There are probably few papers in the state that would not be glad to devote a limited amount of space at frequent intervals to interesting facts about public health matters which would come directly from the State Society through its committees.

The American Medical Association meets at Atlantic City on June 4th to 7th. Every physician who can do so should certainly attend this meeting; it will be one of the largest ever held and probably one of the best.

A. M. A. MEETING.

Atlantic City is a most delightful place in which to meet, and especially at this time of year. Furthermore, the railroads have, for the first time in our history, granted a *special rate of \$91.75 for the round-trip, tickets on sale May 25th, 26th and 27th, good returning any time within ninety days.* Not the least valuable part of attending these meetings, as well as the meetings of the State Society, is the association with other men and the broadening influence of exchanging ideas with others. Make every effort to go, and when you do get there participate in the sessions.

In the April number of the JOURNAL appeared a very moderate review of the "Viavi treatment" and its promoters, with quotations from the literature which the Messrs. Law, the gentlemen who own and promote the "Viavi treatment," put out. The quotations, we thought, were sufficiently illuminating and to us seemed amply salacious to demand some attention at the hands of the daily press. Marked copies of this number of the JOURNAL were therefore sent to all the San Francisco papers. One paper—the *Call*—devoted some space to the matter; one weekly—the *Star*—also referred to it. Immediately large advertisements of the "Viavi treatment," most carefully worded, appeared in all the daily papers. Not only was there a wonderful—almost an acute—silence, but the *Call* and *Town Talk* later published very nice little write-ups about the Laws and the "Viavi." Of course we do not mean to insinuate that the silence of the papers was bought with a little advertising; the very idea is repulsive to one who has an overwhelming respect for our glorious free and independent press! But the coincidence was certainly peculiar, particularly as the Viavi Company has not advertised in the press for many, many years. 'Tis a great world, and many strange and curious things do happen.

For years it has been a fact well recognized by physiologists and clinicians alike, that pepsin and pancreatin can not exist together in the same mixture. If the solution is neutral or alkaline, the pancreatin will slowly destroy the pepsin; if acid, the pepsin will destroy the pancreatin. Various authors have repeatedly given this information, and not infrequently in the form of a warning against the use of such compounds with the hope that any result will be obtained. Potter says: "It (pancreatin) is digested by pepsin, and hence probably never passes into the duodenum in its own character." Medical students are, presumably, taught this physiologic fact when in school; yet, when they graduate they seem to forget it. The Council on Pharmacy and Chemistry has investigated a number of preparations alleged to contain these two ferments, and has published a statement on the subject, in the *Journal A. M. A.*, with a list of the manufacturing houses and the preparations of this sort which they put out. It is a most astonishing arraignment. Certainly these preparations would not be put out by the manufacturers unless physicians demanded them. Yet what sort of physicians must they be who ignore the fundamental principles of the physiology of digestion, believe the statements in the advertisements of manufacturers, and place any faith in these impossible compounds? And what state of mind must be that of the manufacturer who, knowingly—and they all must know it—puts out these preparations and makes these impossible claims in his advertising? We have reached

a bewildering stage in the game of proprietary investigation! Who is to blame? Is the ignorance of the physician, and his trust in the untrue statements of the manufacturer, less or more culpable than the greed of the manufacturer who will make such statements and put out such preparations? If this is merely an indication of the uselessness of medical education, why attempt to regulate medical schools or enact laws requiring examination by licensing boards? What does it mean? Our teachers, our physiologists, our clinicians, our therapeutists all tell us that certain things are impossible; that pepsin and pancreatin can not exist in the same mixture. A few manufacturers tell us in their advertisements that they have a mixture containing pepsin and pancreatin which is, in each case of course, the "only real Simon pure best ever digestant." Enormous numbers of physicians must believe advertisements rather than the teachings of scientists, or the stuff would not be put out, nor by such firms as the following:

New York Pharmacal Association—Lactopeptin.

Sharpe & Dohme—Pan-Peptic Elixir; Elixir Pepsin and Pancreatin; Elixir Pepsin, Bismuth and Pancreatin; Elixir Pepsin, Strychnin, Bismuth and Pancreatin.

H. K. Mulford & Co.—Elixir Lactated Pepsin; Liquor Diastos.

Parke, Davis & Co.—Elixir Pepsin, Bismuth and Pancreatin; Elixir Pepsin, Bismuth, Strychnin, and Pancreatin; Elixir Pepsin and Pancreatin; Elixir Pepsin and Pancreatin with Caffein; Malt Extract with Pepsin and Pancreatin; Elixir Lactated Pepsin.

Frederick Stearns & Co.—Elixir Lactated Pepsin; Elixir Pepsin, Bismuth and Pancreatin; Elixir Pepsin and Pancreatin.

Arthur Peters & Co.—Peter's Peptic Essence Comp.

Wm. S. Merrell Chemical Co.—Elixir Atonic Dyspepsia, Phenolated; Malt Extract with Pepsin and Pancreatin.

William R. Warner & Co.—Elixir Pepsin and Pancreatin; Liquid Pancreopepsin.

Smith, Kilne and French—Elixir Pepsin, Bismuth and Pancreatin; Elixir Pepsin and Pancreatin.

Columbus Pharmacal Co.—Peptic Digestant.

Lilly & Co.—Elixir Pepsin and Pancreatin; Elixir Pepsin and Pancreatin Comp.; Elixir Pepsin, Pancreatin and Bismuth; Elixir Pepsin, Pancreatin, Bismuth and Strychnin; Elixir Pepsin and Pancreatin with Caffein.

The Maltine Co.; Maltine with Pepsin and Pancreatin.

Reed & Carnrick—Peptenzyme Elixir.

This is not a collection of renegade nostrum houses, but in the list are to be found the names of some of the foremost pharmaceutical manufacturers in the United States. Many of them maintain large and expensive laboratories and biological departments and do a great deal of original research work. It is hardly comprehensible that they can be ignorant of the physiological incompatibility of the things which they say are to be found in the preparations listed. What is one to believe and where is one to place the blame for the existence of such a condition

of things? If it were not for the ignorance and gullibility of our own profession, there would be no call for such foolish mixtures. On the other hand, if the manufacturers did not advertise statements contrary to fact regarding them, physicians would not be fooled. It is a hard nut to crack, and we give it up!

Some of the proprietors of "patent" medicines are believed to have a keen sense of humor. The

RATHER FUNNY

President of the Proprietary Association of America, Mr. F. J. Cheney, is apparently in this class. If memory serves,

Mr. Cheney is the author of the now celebrated "red ink clause," so splendidly shown up by *Collier's Weekly*, by means of which the "great American Fraud" had practically all the newspapers in the country successfully muzzled. Mr. Cheney, it is reported, addressed the Toledo Pharmaceutical Association, in January, on the subject of patent and proprietary medicines. From the extract at hand, it must have been a highly edifying address, though if Mr. Cheney continues to break forth in a similar strain he is in danger of being placed in the "Josh Billings" class, as a professional humorist. It must have been a strain upon Mr. Cheney's risibles to get off the following with a straight face:

"What is the secret of the success and popularity of patent and proprietary medicines? The first and greatest reason is their high standard of purity, uniformity of strength and medicinal qualities. Second—The acknowledged support of the most prominent doctors. Third—Their convenient form, excellent taste and nominal price. In looking over the leading medical journals published in this country, I notice many discussions carried on by eminent physicians regarding the sales and popularity of proprietary medicines, but not one of them, in my opinion, attributes the success of these remedies to the proper cause."

Mr. Cheney said that he was a pharmacist, forty years ago, and then is reported to have given birth to this chunk of startling information, "In those days the doctor was much interested in the natural crude drugs, and he would make daily calls to inspect them. I remember well the calls made by the most eminent physician in our county. For instance, if this doctor needed an infusion of Buchu, he would carefully look them over and select the choicest of leaves." The "most eminent physician in our county" must have been somewhat shy on patients, if he had the time to loiter at the drug store and pick out just the leaves he wanted made into an infusion of buchu!

When the office of a sure-thing operator in New York was raided, some few years ago, enormous quantities of letters from doctors, lawyers and parsons were found. The detective who had charge of the raid is said to have

WORKED AGAIN?

stated as his opinion that parsons and physicians were about the "easiest suckers" of all, to work. It would seem so. The *STATE JOURNAL* and the *Journal of the A. M. A.* have for some time been calling attention to specific instances of "working" the medical profession by nostrum men of sorts; unfortunately there are only too many medical (?) journals that seem to be ready, nay anxious, to help the nostrum men in the "working." There is a something, we know not what it is nor what wonderful things it is supposed to do, called "oxguglatum"; it is supposed to be some sort of remedy and is advertised to a limited extent in medical journals. It was offered the *STATE JOURNAL* two or three times, but we declined the advertisement. The signs of the times would indicate that this is another preparation put before the physician in order that he may by prescribing it, create a demand which will lead the public to buy it over the counter—teach the public to self-prescribe another preparation. The usual course of such things is "work the medical profession" claiming to be an "ethical proprietary," and then go to the public with all sorts of medical endorsements and become a "patent medicine." *N. A. R. D. Notes*, the publication which represents the purely commercial side of pharmacy and urges druggists to "push" any old patent medicine, if the price is high enough, prints a portion of a letter from the "oxguglatum" folk in which they say they protect the retail price of their stuff and *do not sell it to mail-order houses or department stores*—"and the retail price is plainly lithographed on the cans." How perfectly delightful!

The example set by two or three of our county societies should not be ignored by the others; all should make an effort to arrange meetings between the

EDUCATE THE PUBLIC.

medical societies and the bar associations, ministerial associations and prominent citizens of all classes generally. Nor should such meetings ignore the commercial side of our profession. If the laity once comes to realize that to be an up-to-date physician, nowadays, is not an inexpensive matter, there will be a better appreciation of decent fees. A poorly paid doctor is generally not a good doctor, for he can not keep himself supplied with current literature nor provide the required armamentarium; and every patient is entitled to, and should receive, the services of a good average up-to-date physician. Lodge and similar contract practice business really is an injury to the subscriber thereto, for bargain-counter methods in professional work always, eventually, harm the subscriber more than any one else; he gets the services of a cheap man—exactly what he pays for! Furthermore, the very members of the lodge not infrequently look

down upon the lodge physician as a "cheap" man, and when anything more than a very trivial ailment is the matter with them they call in their own physician. If the physicians in a community agitate protection against a possible typhoid epidemic, or thorough investigation of school children to eradicate a remnant of a diphtheretic infection, the people become indignant and regard with suspicion the efforts of our profession. Why? Simply because they are ignorant of the truth; we have kept them in ignorance for so many years that they do not know how to look upon the public health work of physicians. If an oculist desires to examine the eyes of school children, or if an intelligent school board requires that this shall be done and appoints some one to do it, immediately a goodly number of parents will indignantly protest that the doctor in question is merely trying to drum up business. They have no realization of the fact that their own children may be commencing life with an ocular handicap that will hold them to or below mediocrity throughout life. Our state is famous for the high grade of its schools. Yet in the planning of them, how many times has the advice of a competent physician been secured to call attention to the proper distribution of lighting, ventilation, etc.? And this simply because we have not done our duty in educating the public.

Some members of the Society who are not interested in insurance examination work have complained of the amount of space devoted to this subject.

INSURANCE EXAMINATIONS. In the columns of the JOURNAL. The large number of members who are interested in the subject, however, and very materially interested, will not, we feel sure, make such a complaint. At the last meeting of the American Medical Association a special committee on life insurance examination fees was appointed, and that committee has already handed in a partial report, which has been printed in the *Journal A. M. A.* and in a number of other journals. The findings of the committee are interesting and will be found elsewhere in this number of the JOURNAL. It is amusing to note that, while the companies put up a loud wail of anguish when it is urged upon societies to stand together and not to deal with the companies as individual physicians, the companies themselves—or the three big offenders—have an ironclad agreement not to change the rate unless that all do so. What is sauce for the humble goose seems not to be a proper dressing for the lordly gander! We sincerely trust that this special committee will have a fuller report to make to the House of Delegates at the coming meeting of the Association, and that some definite support will be given to those county and state societies that are trying to effectively resent the impertinence of the insurance trust. The reduction of the fee for examinations was absolutely unwarranted and was actuated by reason of the discovery of the stealings of the high officials of these companies. No single word of scandal at-

tached to the medical departments of these companies during the insurance investigation, yet when reforms are demanded and retrenchment insisted upon, the heaviest blow is struck at almost, if not quite, the only honest department. There is absolutely no doubt that this fight can be won for honest fees, if we will but fight together, hard and honestly; but if deserters are to be bought by the insurance companies, we can hope for but poor success.

PLEASE NOTICE

The 23d Annual Meeting of the American Academy of Medicine (Specializing in Medical Sociology) will be held at the Hotel Dennis, Atlantic City, on Saturday, June 1, and Monday, June 3, 1907.

Provisional Program.

Friday, May 31st, 8:00 p. m.—Annual meeting of the Council.

Saturday, June 1st, 10:30 a. m.—Executive session of the Academy.

12:00 m.—Open session of the Academy.

Report of the Committee on "The Teaching of Hygiene in the Public Schools."

Report of the Committee on "The Comparative Value of the First Degree in Our American Colleges" (final report).

Papers.

"The Communal Life of Physicians: Its Cultivation and Value." By Dr. Leartus Connor, Detroit.

"The Superiority of the Playground to the School-room." By Dr. Woods Hutchinson, of Arrow Head Springs, California.

"Insurance for Defectives." By Dr. J. A. Spalding, Portland, Me.

(There will be a recess for lunch during this session.)

8:00 p. m.—Open session of the Academy.

Annual address before the Academy—Dr. Casey A. Wood, of Chicago, President of the Academy, "A Medical Career and the Intellectual Life."

Monday, June 3, 1907, 10:00 a. m.—Executive session of the Academy.

11:00 a. m.—Open session.

Symposium—The Relation of the Medical Profession to the Housing of the People.

Papers by Drs. Gertrude U. Light, S. A. Knopf, of New York, and others.

Symposium—The Relation of the Profession to Medical Legislation.

Papers by Drs. P. S. Conner, of Cincinnati, Henry W. Cattell, Henry Beates, Jr., of Philadelphia, and others.

There will be a recess for lunch during this session. At the conclusion of the program, there will be an Executive Session, when the report of the Nominating Committee will be received.

7:30 p. m.—Social sessions with the annual banquet, tickets \$2.00 each. Fellows are privileged to bring as many guests (including ladies) as they care to secure tickets. This function is under the supervision of the Committee of Arrangements, Dr. W. Blair Stewart, chairman.

Some change probably will be made in the order of the papers in the final program.

Every reputable college-bred physician is eligible for membership in the American Academy of Medicine, and it invites all who are interested in the medical aspect of the social problems of the times to unite in its study of these problems. Blank applications and literature may be obtained from the secretary, 52 North 4th Street, Easton, Pa.



ROBERT FLEMING ROONEY, M. D.

Dr. Robert Fleming Rooney was born in the small town of Melbourne, province of Quebec, on June 17, 1842. He came of Scotch-Irish parentage, the Scotch blood predominating. His paternal grandfather and great, great grandfather were physicians, graduates of one of the Dublin schools. He was educated in the common school, took two years in an "academy" and then took a course in the Bishops' College preparatory school at Lennoxville, P. Q. Later he entered the medical college of the University of McGill, from which he was graduated on March 31, 1870. At that time McGill was one of only three colleges on the continent that demanded a four years' course of study and a preparatory course at least equal to our own high schools.

He practiced in his native country for four years and then spent one year in New York city in search of further knowledge. Very soon thereafter he came to California, where the balance of his professional life has been spent. For twenty-seven years

he has practised his profession in Auburn, and the best of his life's work has been done there. For twenty-five years he lived in the closest friendship with the late Dr. Thomas Milton Todd, and the friendship sweetened the lives of both men.

Dr. Rooney has always been prominently connected with medical societies and medical society work. He is past president of the California Northern District Medical Society; he helped organize the Placer County Medical Society, and was its secretary for twenty years; he has been a member of the state society for twenty-seven years, serving it in all positions from private member to president; he has also been a member of the A. M. A. for years, and in all positions and at all times has tried to uphold the honor of his beloved profession. His professional literary work has been done entirely within his societies, as his life was too arduous a one to do more. His political honors have not been many, nor did he ever seek any. He has, however, been coroner and public administrator of his county, and served a term as mayor of his city.

ANNUAL ADDRESS OF THE PRESIDENT.

By R. F. ROONEY, M. D., Auburn.

Ladies and gentlemen, and members of the Medical Society of the State of California: Owing to a slight unpleasantness—duration, 45 seconds—which occurred in San Francisco one year ago, followed by the disastrous fire, it again becomes my pleasant duty to preside over this august body, in annual session assembled. I am an accident in this chair at this meeting, holding the unique position of president for the second consecutive year. This was neither your fault nor mine, so no comment is needed—merely remarking that it was due to "circumstances over which we had no control." Under these conditions, being the "accident" that I am, I do not intend to inflict upon you a long address. But you need not sigh with satisfaction at this statement, as I can not let you escape entirely free.

I feel it incumbent upon me at this time to enter a little into detail concerning the catastrophe which so quickly ended our meeting one year ago, and to note such things as may prove of interest to you, but of especial interest to our successors who may perchance read these words in the annals of our society in the future years.

On the 17th day of April, one year ago, we met in the city of San Francisco, in the Young Men's Christian Association Hall, for our annual session. We had mapped out a four days' meeting, with an extra day for clinics at the various large hospitals of the city. We anticipated a rich treat, both scientifically and socially. This anticipation was amply fulfilled for the first day, for the program was rich in scientific worth, and the evening meeting of the House of Delegates was large and harmonious. It was the season of grand opera in the city, and as we made our way to the evening meeting, private residences and the great hostleries of the city were issuing to waiting carriages hundreds of men in evening dress, and fair women decked in richest garb of silks, laces and jewels. The other theaters and places of public amusement were also calling their crowds, the streets were thronged with happy pedestrians, and the light jest and careless laugh ruled the hour. After our evening meeting was ended we came out to quiet streets and an ideal night. The ordinary pedestrians had mostly left the streets, the theaters had not yet given up their crowds, and nothing jarred upon the ear but the clanging gongs of the street cars. The pulsing artery of a great city's commerce was stilled, but the myriad lights of a great and proud capital gleamed and flamed and the great finger of the Ferry building pointed to heaven, outlined by a band of living fire.

No man at this moment could even have dreamed, in the most hideous nightmare, that within twenty-four short hours all this would be a charred and blackened ruin, with the inhabitants fleeing for their very lives.

We retired to our beds in peace and quiet, and

at 5:15 the next morning were shaken out of our beds, and our belief in the stability of our Mother Earth, by the great earthquake which directly and indirectly wrought such ruin and havoc in San Francisco. In one short moment everything was changed from peace, plenty and contentment, to death, terror and despair. Hundreds went down to death with the toppling buildings and thousands were mutilated and wounded. Other thousands escaped by narrow margins, and for a while every one was paralyzed. Great fires started and began eating north, west and south. The outlook was appalling. Among the very first to recover presence of mind were the members of our own profession. When word went out that thousands of wounded and dying were caught in the ruins of the falling buildings the physicians of San Francisco, neglectful of all selfish thoughts, flew to their work and aided and directed in the rescue of those in need of their skill.

I thank God that such noble examples of devotion to duty were exhibited by men of our own profession. It gratifies me to raise my voice at this moment in praise of the faithful men who flew to duty's post—and stayed there. Physicians, by both training and the lessons taught them by the calls of their profession, are taught to consider the wants of the sick and suffering first and of their own needs last. Hence it was that no class of men in San Francisco suffered as severely by loss of worldly goods as did the physicians and surgeons of that fire-swept city. Whilst they wrought over the sick and wounded, carrying them from one place to another in hope of safety, their offices and all the contents thereof withered in the flames like a leaf thrown in the fire on the hearth. Whilst they remained on duty, regardless of aught else, their very homes were going up in smoke, with not a memento saved. All was gone save the garments they wore, and still they wrought on, without hope or thought of fee or reward. In the after weeks the pinch came, especially to many of the younger men. Without patients, home, money, office or instruments, many a deserving man found himself in the condition described in the words of the old song: "Too proud to beg, too honest to steal, I know what it is to be wanting a meal." Another thing which further robbed these men of their opportunities was the organization of relief hospitals from outside the city. Surgeons from other cities, and even from other states, were brought in under large salaries by at least one political influence, and the deserving men of San Francisco were left to walk the streets in hunger. Such a travesty on charity would make the angels weep.

But, thank God, all is not self in this world. Offers of aid came pouring in upon me, as president of the State Society, from the A. M. A. down to my own county society, all of which I referred to Dr. Wallace I. Terry, president of San Francisco County Society, I being too far from the scene of action to take a part in the aid of our suffering brethren.

And here, as president of the Medical Society of the State of California, and on behalf of its members. I wish to record my deep gratitude to all our medical brethren, wherever they may dwell, who

stretched out helping hands to the unfortunate of our brethren in the city of San Francisco at their time of need. Thanks to this timely aid and their own pluck, nearly every medical man in the city is upon his feet again.

I will not intrude upon your time with an account of any of my personal adventures on the morning of the earthquake, save what immediately concerns this society. Suffice it to say that, in common with all other inmates of the city, I was shaken out of bed—and my usual serenity of mind—in the rudest possible manner. After having regained my mental equipoise—and my clothing—I descended to the street, to see the saddest sight of my life—a great and beautiful city ruined. The reopening of our session at 9 a. m. lay heavy on my mind. I believed it to be my duty to be there, if possible to accomplish the journey over the masses of debris and past the tottering walls. I arrived there close to the hour and found the hall in ruins. You who were there remember it. All the great cornice lay upon the sidewalk, the walls gaped with rents and the glass of the windows lay shattered on the ground. The following members were gathered at the door, sadly gazing at the ruins: Our secretary, Dr. Philip Mills Jones; Past President Dr. H. Bert Ellis, Dr. J. H. Parkinson, Dr. Woods-Hutchinson, and one other member, to whom I owe an apology for forgetting his name. This little company crossed to the opposite sidewalk to avoid falling bricks, and after a moment's consultation I adjourned the thirty-sixth annual meeting of this society, sine die. Since that day the councilors have done all our business, and we owe them our sincere thanks for the manner in which they have piloted us through the difficulties of the year.

The losses of this society caused by the fire following the earthquake were heavy and have crippled us severely. It has taxed the business ability of our councilors to provide for the maintenance of our publications during the year without running the society deeply in debt. Owing to the increase in cost, both for labor and material, the expense of publication of the JOURNAL and the Register was greater than ever before, and we were less able to pay. The future offers no brighter outlook for some time, and we must stand prepared to keep our membership fee at about its present size until we get upon our feet again.

The losses were as follows:

Lost on JOURNAL advertising.....	\$ 452.30
Paper on hand.....	437.68
New equipment, office furniture, stationery, etc.....	1,067.21
Re-establishing card files (when finished)	1,000.00
Further losses of property on hand.....	750.00

Making a total of losses of.....\$3,707.19

According to our estimates for the past year, we should have had an excess of income of \$1,446, which would have wiped out all old indebtedness and left us with a comfortable surplus. How all these perplexities have been met I leave for the other officers to explain.

Owing to the premature dissolution of our last annual meeting, two subjects that I earnestly called your attention to were left unconsidered. I refer to state laboratories and standardization of medical education. I venture to again call your attention to the latter subject, as it is so vital to the profession. I repeat what I said last year:

An important movement recently entered upon by the American Medical Association is that of attempting to standardize and elevate medical education. It is well worthy of support, and I call your most serious attention to the matter. The American Medical Association has adopted the following standard requirements requisite to the practice of medicine:

1. Preliminary requirements are to be a high school education or its equivalent, such as would admit the student to one of our recognized universities.

2. Preliminary requirements to be passed upon by a state official, such as the superintendent of public instruction, and not by an official of the medical college.

3. A medical training in a medical college, having four years of not less than thirty weeks each year, of thirty hours per week of actual work.

4. Graduation from an approved medical college required to entitle the candidate to an examination before a state examining board.

5. The passing of a satisfactory examination before a state examining board.

I would therefore recommend that in order to carry out the foregoing you alter the by-laws of this society to enable it to appoint a committee on the advancement of medical education, to co-operate with that of the national association. Any power we now have is vested in our committee on public policy and legislation, and the scope of this committee does not properly cover this work. The duties of the proposed committee could be inserted in our by-laws, and have been advised by the council on medical education of the A. M. A. as follows:

"The committee on medical education shall consist of three members; one member shall be elected to serve for one, one for two and one for three years; thereafter one member shall be elected each year to serve for three years.

"The functions of the committee shall be: (1) to co-operate with the state examining board in matters pertaining to medical education; (2) to make an annual report to the House of Delegates on the existing condition of medical education in the state; (3) to co-operate with the council of education of the American Medical Association of the United States."

The time is ripe for energetic work in this direction, and I take pleasure in directing your attention to it.

In addition to this I quote a letter received last October from the secretary of the council:

DEAR DOCTOR: Since the work of raising

medical standards in the United States depends very largely upon the forces in each state, the work of your state committee on medical education is of extreme importance. In order that these committees from the various states may benefit by a free exchange of ideas, we should like to have such arrangements made that would make it possible for a representative of each state committee, preferably the chairman, to be present each year at our annual conference. In considering how to secure a larger representation from these committees the traveling expenses of the delegates appear as an important item. We should like to ask, therefore, whether your state society would be willing to make provision in their annual budget for the expenses of this delegate. Our conferences are attended by many leading educators as well as many representatives of the various examining boards. Subjects are discussed and ideas brought out which would be of great value to every state committee on education, and we believe that the ideas as well as the enthusiasm from these conferences would be worth to your state many times over the amount paid for a delegate's expenses.

Awaiting with interest your reply, we are
Yours very truly,

COUNCIL ON MEDICAL EDUCATION.

Per N. P. COLWELL, Secretary.

I had to answer that "owing to the breaking up of our last session by the earthquake and fire, no action had been taken on this question, but that at the next annual meeting I would again call the attention of our society to the matter." I have now done so, and leave it in your hands once more.

Another subject that I recall your attention to is that of fees for examinations for life insurance. The matter was threshed over at our last meeting, but did not come to a vote. Now, with further light upon the subject given us in the preliminary report of the committee on insurance of the A. M. A., we can act for the good of the profession in this state. I commend that report to your serious consideration and urge you to get in line with the eighteen other societies that have taken action on this very perplexing question.

Another subject of thought I offer you: You all know how the evil of proprietary and secret medicines has occupied the minds, and many pens, of the profession during the past five years. The A. M. A. has devised a plan of dealing with this question that is simply admirable and which, if properly backed up by our state societies and leaders, will solve the problem. This remedy is found in the work of the council on pharmacy and chemistry of the A. M. A. Let us approve that work and recommend to our members that they use no medicines outside the Pharmacopœia, saving those that have been approved by that council.

I wish to direct your attention to another matter which I had in mind to present to you later on at our last session. This was prevented by the bad attack of "shakes" that San Francisco experienced at

that time. A short time previous to that date I received the following letter from Dr. Henry O. Marcy, of Boston, which explains itself:

MY DEAR DOCTOR ROONEY: You have been appointed coassociate with me as representative of your state to solicit funds for a proper memorial to the late Dr. N. S. Davis, of Chicago, the founder of the American Medical Association. We do not require a large sum of money, but would much the rather secure a small contribution from the many who loved him and who will consider it a privilege to thus help honor his memory. Five hundred dollars from a like number of members of your association would be appreciated more than twice the sum from a single individual. If voted from the funds of the state society, would it not equally represent all the membership? Yours sincerely,
HENRY O. MARCY.

March 9, 1906.

I believe that we should do our part in honoring this "father in Israel" of our own profession, and if you can not see your way clear to give a sum from our treasury in its present depleted condition, I suggest that you appoint some member to make appeal to the individuals of this body, granting sufficient funds to cover stamps and stationery for the purpose.

One other subject I wish to call your earnest attention to before I close. It is the great benefit that medical organization is proving, both to the individual members as well as to the profession at large. When two thousand men speak in unison, the volume of sound carries to the dullest ear. The politician who ever keeps an ear cocked to the wind of public opinion listens with the utmost attention, when he would never hear or heed the individual's cry. The old motto that "In union is strength" comes to us with new emphasis when we see what it has done, is doing and may do for the profession when applied to our political affairs. I ask you to send out some ringing message to all the profession throughout the state, showing the benefits of our county and state organizations and asking their support, both for the sake of the profession and of their own.

And now for a short history of our proceedings since the last annual meeting and an explanation of why your officers are all "holdovers." Very soon after the San Francisco meeting was so rudely broken up I entered into correspondence with our secretary and other officers and members as to the advisability of calling the House of Delegates together to complete its unfinished work. I was advised by all to wait until our San Francisco members had found their feet again and were able to attend to other matters than their own personal ones. I waited until August, and on the 22d of that month the council discussed the matter, and advised that everything should remain as it was. They considered that if the delegates assembled and completed the elections the legality of a special election might give rise to litigation if a new member, or members, of the board of examiners were elected.

As we have had abundance of trouble in that line, anyway, it was not thought best to solicit new attacks by this proceeding. Therefore the council unanimously decided to recommend that no election be held, as under the constitution all officers will hold office until their successors are elected at the next annual meeting. Nothing further remained but the selection of a place of meeting, and the assessment for the year. This was settled by a ballot by mail. I then renominated all the old committees that fell within my appointment and notified our secretary to apprise them of the fact. Every officer has, I believe, done his very best for the interest of the society, and in your hands is placed the record.

And now, in conclusion, I once more thank you for the honor you conferred upon me when you elected me as president of this society. My deepest gratitude is yours. You have supported me loyally in all my efforts for the good of the society and its members during the past strenuous year. I have had the kindest letters from the foremost men throughout the state, offering aid and counsel, and I take this opportunity of thanking them most heartily and sincerely. Bear with me kindly to the end of this session and let me lay down the gavel with the belief that I have served you well.

THIRTY-SEVENTH ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA—MINUTES OF THE HOUSE OF DELEGATES.

The House of Delegates was called to order April 16th, 1907, 8:45 p. m., by the President, Dr. R. F. Rooney.

On roll-call it was found that 45 Delegates were present, and the President declared the House in session.

Dr. Parkinson introduced the following resolution, which was duly seconded and carried:

Resolved, that an Executive Committee of three be appointed by the President for the purpose of considering such matters as may be referred to it by the House of Delegates. The President then appointed as such committee Drs. J. H. Parkinson (chairman), J. Henry Barbat and F. M. Pottenger.

The report of the President had been made at the morning session and was now referred to the Executive Committee.

The report of the Secretary and Editor was then read and referred to the Executive Committee.

The report of the Council was then read and referred to the Executive Committee.

Dr. Parkinson then introduced the following: *Resolved*, that the report of the Council be adopted, and that its action on the various matters contained therein be, and it is hereby approved. Duly seconded and carried.

There was no report from the Committee on Scientific Work.

The report of the Committee on Public Policy and Legislation was presented by Dr. Parkinson and referred to the Executive Committee.

The amendments introduced at the Thirty-sixth

Annual Session were adopted, resulting in the following changes in the Constitution and By-Laws:

(a) By-Laws, Article VIII, Section 12. "The Secretary of each component society shall forward its assessment, together with its roster of officers and members, list of delegates and list of non-affiliated physicians of the county, to the Secretary of this Society before the first day of February of each year."

(b) Article X, Section 5, which reads as follows: "For the purpose of determining the amount of the assessment upon each component society for the fiscal year, the secretary of each component society shall file with the Secretary of the State Society on or before the first day of February of each year a statement of the number of members in good standing on the first day of January of such year as provided in Article I, Section 3. Names of additional members may be transmitted to the Secretary of this Society at any time during the year, but all names transmitted prior to the first day of August shall be accompanied by the assessment to the State Society for that year."

(c) Section 9. "A physician living on or near a county line may hold his membership in that county most convenient for him to attend, provided that the consent of the society of the county in which such physician may reside be first obtained."

(d) Section 14. "In counties where it is not practicable to organize a County Medical Society, any member of the profession in said county may have the privilege of uniting with the society of an adjoining county, but such membership shall continue only during the time that no organized County Medical Society exists in that county. If, however, it is more convenient for a physician who lives in one county to attend the meetings of an adjoining component society, he may continue as or become a member of such society, provided that jurisdiction be first waived by the society of the county in which such physician may reside."

Dr. Langley Porter then introduced a resolution to the effect that it was the sense of the general session, held on the morning of April 16th, that the House of Delegates co-operate with the Los Angeles County Association and other committees or societies in the matter of securing pure foods. This was referred to the Executive Committee.

A substitute motion was introduced by Dr. Mattison, which was also referred to the Executive Committee.

There being no further business, the minutes were read and approved as read, and the House adjourned.

SECOND SESSION.

Wednesday evening, April 17th: Called to order at 8:40 p. m. by the President, Dr. Rooney; 48 Delegates present.

The Secretary announced the resignation of Dr. J. A. McKee as a Delegate from Sacramento County, and Dr. N. K. Foster was registered as his successor.

The report of the Executive Committee was then called for, and was read by the Chairman, Dr.

Parkinson. It was moved by Dr. Ellis that the report be accepted and the recommendations considered section by section. Carried.

REPORT OF EXECUTIVE COMMITTEE.

(1) *President's Address. Committee on Medical Education.* Recommends that a committee of three be appointed by the President for the purpose of co-operating with the Council on Medical Education of the A. M. A. and with the Board of Medical Examiners of the State of California on this subject. (On motion this section was adopted as read.)

(2) *Fees for Examinations for Life Insurance.* Recommends that this matter be left with the affiliated county societies; that the Secretary call their attention thereto, urging them to take action in the premises and requesting that they inform him what course, if any, has been adopted, so that he can report same to this Society. (On motion this section was adopted as read.)

(3) *Proprietary and Secret Remedies.* Recommends that members of this Society refrain from using remedies the exact nature of which, or the formula thereof, is not clearly set forth. (On motion this section was adopted as read.)

(4) *Dr. N. S. Davis Memorial Fund.* Recommends that each member of this Society, who is a member of the American Medical Association, contribute one dollar to the fund, and that this recommendation be published in the JOURNAL. (On motion this section was adopted as read.)

(5) *Report of Council. Nominees for Board of Examiners.* The Committee finds, on looking over the names of those selected by the House of Delegates for submission to the Governor for his consideration when appointing the Board of Medical Examiners, that that of Langley Porter is ineligible, the doctor holding an appointment in the San Francisco Polyclinic. The Committee believes there are two methods of disposing of this difficulty:

(a) That the House reopens the whole question and proceeds to ballot for ten names.

(b) That the House proceeds to ballot for one name to fill the vacancy caused by the ineligibility of Dr. Porter. The Committee feels that the latter is the quickest course and recommends its adoption. (On motion this section was adopted as read.)

(6) *Medical Register.* Recommends that, for the present, the Register be issued as a supplement to the JOURNAL and of the same size and form, at the usual time of publication. (On motion this section was adopted as read.)

(7) *Assessment.* Recommends that the assessment for 1908 be maintained at three dollars. (On motion this section was adopted as read.)

(8) *Advertising.* Recommends that no advertisement of a preparation appear in the JOURNAL unless such preparation has been approved by the Council on Pharmacy and Chemistry of the A. M. A., but that all existing contracts with advertisers to whom this recommendation applies be fulfilled. (On motion this section was adopted as read.)

(9) *Organization of the Profession.* Recommends that this matter be referred to the Council with power to act and with the suggestion that the strictest economy be practiced in this connection. (On motion this section was adopted as read.)

(10) *Secretary's Report. Card Index of Physicians.* Recommends that the card index of physicians be reconstructed as soon as the Council believes the funds of the Society will justify the necessary expense. (On motion this section was adopted as read.)

(11) *Publicity and the Education of the Public on Medical Matters.* Recommends that a committee of three be appointed by the President for the purpose of giving effect to this recommendation, and that strict economy in the working of this Committee be practiced. (On motion this section was adopted as read.)

(12) *Fund to be Raised by County Societies for Publicity, Protection and Organization.* The Committee believes that such a fund will fill a most useful and worthy purpose—if you can get it. (On motion this section was adopted as read.)

(13) *Secretary's "Explanation and Apologies."* In deference to the feelings of the Secretary, your Committee believes that his "explanation and his apologies" should be accepted with sympathy and with sincerity. At the same time the Committee feels that such sentiments can only arise from a modest unconsciousness of innate worth and of services admirably and faithfully performed. (On motion this section was adopted as read.)

(14) *Report of Committee on Medical Legislation. Naturopaths.* Recommends that the representatives of this Society on the Board of Examiners be instructed, if legally possible, to use their influence towards the certification of these Naturopaths, now in active practice and in good standing, whose names have been submitted with this report. (On motion this section was adopted as read.)

(15) *Square Deal.* The Committee urges upon the representatives of this Society on the Board of Examiners the paramount necessity of tact, consideration and conciliation in the workings of this first Board under the new Act. It assumes the fairness of its representatives and only points to the fact that by their conduct the Board, as a whole, is likely to be approved or condemned. (On motion this section was adopted as read.)

(16) *Medical Organization for Legislative Purposes.* The Committee recommends that the form of organization obtained during the past session, namely, committees in Senatorial Districts, be continued, the necessary appointments being made in the same manner and at the proper time; that is, after the elections. (On motion this section was adopted as read.)

(17) *Resolution Relating to Pure Food.* Recommends that a committee of three be appointed by the President to co-operate with the proposed committees from County Societies and to amplify their work. (On motion this section was adopted as read.)

(18) *Board of Examiners. Investigation of Credentials and of Preliminary Educational Requirements.* The committee recommends that the Board continue its policy in this matter, believing it to be of the highest importance in furthering the cause of better qualification. For this purpose the representatives of this Society on the Board should be instructed to urge the importance of this attitude. (On motion this section was adopted as read.)

(19) *Prosecution of Illegal Practitioners.* The prosecution of violators of the medical law having, under the new medical practice act, become a part of the duty of the Board of Examiners, the committee recommends that the Council take the necessary steps to procure the co-operation of the affiliated County Societies in this work. (On motion this section was adopted as read.)

(20) *Special Committee on Tuberculosis.* Recommends that this committee be continued. (On motion this section was adopted as read.)

(21) *New By-Laws.* The committee advises that wherever it seems best to make the various committees, suggested in this report, permanent, the necessary changes in the by-laws therefore be submitted. (On motion this section was adopted as read.)

(Signed.) JAMES H. PARKINSON, Chairman.
HENRY BARBAT,
F. M. POTTENGER.

It was then moved by Dr. Parkinson that the report be adopted as a whole; seconded and carried.

On motion of Dr. Barbat, Dr. R. L. Wilbur was elected to take the place on the list of nominees to be submitted to the Governor, from which list appointments to the Board of Examiners are to be made, to take the place of Dr. Langley Porter, who was found to be ineligible. The President then called for the special order of business.

The selection of place of meeting and election of officers. Dr. H. N. Rowell nominated Berkeley, and Dr. J. A. Parker nominated Coronado, as the next place of meeting. After several speeches had been made, Dr. Rowell withdrew the nomination of Berkeley, and it was then moved, seconded and carried that the Secretary cast the ballot of the House of Delegates for Coronado as the next place of meeting.

Dr. George H. Evans was then nominated by Dr. H. Bert Ellis for President during the ensuing year. There being no other nominations, it was regularly moved, seconded and carried that the Secretary cast the ballot of the House of Delegates for Dr. Evans.

Dr. John C. King and Dr. J. A. McKee were then nominated to fill the office of First Vice-President during the ensuing year. Dr. John C. King withdrew, and there being no other nominations, it was regularly moved, seconded and carried that the Secretary cast the ballot of the House of Delegates for Dr. J. A. McKee.

Dr. John C. King was then nominated for Second Vice-President. There being no other nominations, it was regularly moved, seconded and carried, that

the Secretary cast the ballot of the House of Delegates for Dr. King.

Dr. Philip Mills Jones was then nominated for Secretary. There being no other nominations it was regularly moved, seconded and carried, that the President cast the ballot of the House of Delegates for Dr. Jones.

Dr. A. W. Hewlett and Dr. H. P. Hill were then nominated to act as assistant Secretaries. There being no other nominees, it was regularly moved, seconded and carried, that the Secretary cast the ballot of the House of Delegates for Drs. Hewlett and Hill.

Councilors. Term expires 1910; Eighth District, Sacramento, Amador, El Dorado, Alpine, Placer, Yuba, Sutter, Sierra, Yolo, Butte, Plumas, Lassen, Mono, Inyo, Glenn, Colusa, Tehama, Shasta, Modoc and Siskiyou Counties, Jas. H. Parkinson to succeed himself.

Sixth District, San Francisco, C. G. Kenyon, to succeed himself.

Second District, Los Angeles, Ventura, Kern, Dr. George H. Kress.

At large, Dr. F. C. E. Mattison, to succeed himself. Term expires 1909; Third District, Santa Barbara, San Louis Obispo and Monterey Counties, T. C. Edwards, to succeed himself.

Fourth District, Fresno, Kings, Tulare, Merced, Mariposa, Madera, Stanislaus and Tuolumne Counties, George H. Aiken, to succeed himself.

First District, San Diego, Riverside, Orange and San Bernardino Counties, Fred R. Burnham.

At large, Drs. H. A. L. Ryfkogel and R. L. Porter, were nominated. Forty-eight ballots were cast, of which Dr. Ryfkogel received twenty-five, and Dr. Porter twenty-three. The President declared Dr. Ryfkogel elected.

Term expires 1908; Fifth District, Santa Clara, San Mateo, San Benito, Santa Cruz, Dr. A. E. Osborne, to succeed himself.

Delegates to the American Medical Association. Drs. H. Bert Ellis and Philip Mills Jones for two years, and Dr. Oliver D. Hamlin for one year, were then nominated, and there being no other nominations, it was regularly moved, seconded and carried that the President cast the ballot of the House of Delegates for Drs. Ellis, Jones and Hamlin.

Alternates. Drs. H. M. Pond, C. C. Browning and W. F. Snow were nominated, and there being no other nominations, it was regularly moved, seconded and carried that the Secretary cast the ballot of the House of Delegates for Drs. Pond, Browning and Snow.

Committee on Scientific Work. Drs. Martin Fischer, W. I. Terry, F. M. Pottenger and Walter Hewlett were then nominated, and there being no other nominations, it was regularly moved, seconded and carried that the Secretary cast the ballot of the House of Delegates for Drs. Fischer, Terry, Pottenger and Hewlett.

Committee on Public Policy and Legislation. Drs. F. B. Carpenter, J. W. James and Dudley Tait

were then nominated, and there being no other nominations, it was regularly moved, seconded and carried that the Secretary cast the ballot of the House of Delegates for Drs. Carpenter, James and Tait.

Committee on Arrangements. Drs. F. R. Burnham, H. N. Goff and J. A. Parker were then nominated, and there being no other nominations, it was regularly moved, seconded and carried that the Secretary cast the ballot of the House of Delegates for Drs. Burnham, Goff and Parks.

The minutes were then read and approved as read, and there being no further business, the House of Delegates adjourned sine die.

PHILIP MILLS JONES,
Secretary.

REPORT OF THE COUNCIL.

Mr. President and Delegates:

Your Council begs leave to hand you the following report of the work which has come before their attention during the past year.

Owing to the general confusion which followed the catastrophe of last April, no meeting of the Council was held until August 22nd. At this time Dr. J. H. Parkinson was elected to fill the vacancy caused by the death of Dr. Thomas Ross.

The Council considered very carefully the advisability of recommending that the President call a meeting of the House of Delegates, but it was urged that as all the San Francisco members had suffered very severely, it would hardly be justifiable to place them under the expense of attending a special meeting, if the absolutely necessary work could be done otherwise. As the By-Laws state that all officers shall hold until their successors are elected and qualified, there appeared to be no good reason why these officers could not hold over until the present annual meeting.

A ballot of the House of Delegates was taken on the recommendation that the next place of meeting be Del Monte, that the assessment be fixed at \$3.00 for the year 1907, and that the recommendation of the Council, to the effect that no special meeting be held, be sanctioned. These motions were approved by the Delegates practically unanimously.

Some members of the Council advised with the Secretary early in May, 1906, as to the resumption of the business of the Society, and authorized the Secretary to order furniture and supplies for the rehabilitation of the office of the Society, which action was subsequently confirmed unanimously by the Council in session.

The loss to the Society by the fire of last April was very serious, exceeding \$3,000.00. The actual financial loss, however, was by no means the most serious, as all of the records of the Society, with the exception of the minutes of the Council and the account books, contracts and vouchers, were destroyed. Up to the present time these records have been but partly re-established, as the expense of reconstructing the card file of physicians is one that

the Council has not felt that the Society could yet afford. The work should be undertaken at the earliest possible time.

In October, Dr. J. L. Asay resigned from the Council, and Dr. A. E. Osborne was elected to fill his place.

Donations from Los Angeles, \$913.00; King County, Washington, \$106.00, and Marin County, \$25.00, were received by the Council for the State Society, and the thanks of the Council were extended to the donors. This assistance aided very materially in carrying on the work of the Society until the end of the year, when the income for 1907 began to come in.

In March, after the passage and approval of the new law governing the practice of medicine in this State, and the State Board of Medical Examiners requested the Council to designate the ten nominees from which list the Governor was to appoint five to act upon the Board of Medical Examiners. It was stated to your Council that the various other Societies entitled to representation on the Board of Examiners, did not hold their meetings until after the 1st of May, on which date the new Board is required by law to complete its organization. Consequently, these Societies had appointed their nominees through the several Councils or Executive Committees of their respective Societies. It was further urged that the nominees should be placed before the Governor at the earliest possible date, so that the personnel of the Board might be known, and a preliminary meeting for organization held in April, immediately after the session of the present Board.

In view of these facts, your Council, while it did not care to assume the responsibility of directly making the nominations to the Governor, instructed the Secretary to take a ballot by mail of the House of Delegates, and to expedite this ballot, submitted to the Delegates ten nominees.

The recommendation in this case was approved by the House of Delegates. The nominees submitted in the postal ballot and elected are the following: Dudley Tait, G. F. Reinhardt, A. L. Cothran, John C. King, J. Henry Barbat, F. C. E. Mattison, Barton J. Powell, J. W. James, Langley Porter and Saxton Pope. Sixty-three votes were cast out of a total of ninety delegates.

Considering the financial statement prepared by the auditor who examined the Secretary's books and accounts, as closed on the 31st of December, and found them to be correct in all particulars, your attention is called to several items.

You will note the overdraft of \$450.56. This overdraft was apparent, and not actual. There was not sufficient funds to pay all the running expenses, so the Secretary consented to refrain from depositing the checks drawn to his account for his salary, thus permitting the Society to retain the use of some \$600.00.

The item of fixtures, \$668.78. This expense was required in refitting the office of the Society, and represents only a part of the required expenditure. Nearly \$300 in addition to this amount has been ex-

pended in the present year, for the same purpose. We have put in an addressing machine, which has effected a saving of about 20 per cent on the investment in the distribution of the JOURNAL. This machine is also of very great advantage in saving time of the employees in sending out circular letters, etc.

JOURNAL. The JOURNAL expenses for the year, including commissions on advertising, amount to \$5,156.03; of this amount, however, \$982.23 was paid against the old indebtedness incurred prior to 1906. Thus, the cost of the JOURNAL from January to December, 1906, will be found to be \$4,163.80.

ASSETS AND LIABILITIES. The liabilities noted in the statement before you have all been paid since the first of the year, with the exception of the note for \$2,000.00, which is not payable until next year. The statement of accounts, April 1st, 1907, shows a better condition than we could have hoped, six or eight months ago.

REGISTER. The accounts for 1906 are charged with \$453.59, and credited with \$178.08 for Register account, leaving a net expense of \$275.51. This is not properly chargeable to the year 1906, as it was expense incurred in printing the Register of 1905.

It is obvious that the Register will continue to be a loss to the Society, for the reason that most advertisers who desire to appeal to physicians in this State, will use either the Register or the JOURNAL, but not both, and most of them prefer to use the JOURNAL. It is therefore suggested for your consideration that the Register be published the same size as the JOURNAL and be issued as a supplementary part of some number to be issued in the fall, at about the time the Register has heretofore been published. We believe that this will materially reduce the customary loss.

The Register for 1906 was published by Mr. Henry Kaplan at his own risk and expense, and not by the Society, consequently, no items of charge or receipt in connection with the Register are noted.

In order that the work of the Society may be placed upon the footing which it held prior to April 18, 1906, and in order that the remaining liability may be removed, your Council earnestly recommends to this House of Delegates, that the assessment for 1908 be made \$3 per member.

Furthermore, the Council on Pharmacy and Chemistry of the A. M. A. has now reported upon a very large number of preparations, and we are urged to adopt an advertising policy which will exclude from our publications the advertisements of all medicinal preparations which have not been approved by the Council. This will result in a loss of several hundred dollars, as the JOURNAL is now carrying advertisements of several preparations which have not been approved by the Council, and which doubtless will not be approved by it.

Organization. Probably the most valuable work which has ever been undertaken by our State Society is the active organization of the physicians in our State. For four years the work of organiza-

tion, as originally undertaken by your Council, was continued, and for most of that time, actively prosecuted. The disasters of last April, however, and the immediate necessity for the rehabilitation of the office and its machinery, rendered it impossible for us to continue the organization work, largely on account of the expense. In other States great interest is being awakened in medical organization and in joint discussions of topics of general public interest between medical societies, ministerial and bar organizations and public citizens generally.

Your Council believes most thoroughly that if this line of work be continued, if some member of this Society visit all the county societies in the State where public meetings may be arranged and where questions of vital public interest may be presented, not alone to physicians, but to prominent citizens, a vastly different feeling toward our profession will be brought about, and that our efforts in securing public health legislation and improved sanitary conditions will be greatly aided. Nor is this work of benefit to the public alone. There are many Counties in the State where the physicians are now receiving a minimum fee of \$5.00 for all insurance examinations, and this result has been brought about largely, if not entirely, through the organization work of the State Society. It is true that to continue this work and broaden it as herein recommended by your Council, will entail a certain amount of expense, which will have to be met in some way; nevertheless, we believe that the material benefits resulting will be speedily appreciated by practically all members of the Society.

C. G. KENYON,
Chairman.

REPORT OF THE SECRETARY AND EDITOR.

Mr. President and Delegates:

As the duties of the Secretary and of the Editor are performed by the same individual, they will be embodied in this one report.

Owing to the impossibility of locating people immediately after the enforced adjournment of the Society last year, the Secretary was compelled to take upon himself the responsibility for doing many things without warrant of the Council. Whenever possible, however, one or more members of the Council were consulted. Thus it was taken for granted that the Society wished to continue the JOURNAL, and so the May number was brought out, with considerable trouble, in Oakland; for this we are largely indebted to Dr. Frank Adams, who guaranteed the account to the printer.

The action of the Secretary in ordering office furniture and equipment for the restoration of the office was subsequently approved by the Council at a regular meeting.

The regular publication of the JOURNAL was resumed in August and numbers were issued as rapidly as possible until we had caught up. Owing to lack of funds, however, the JOURNAL was reduced to 64 pages and has been held at that size up to the pres-

ent time. It is costing the Society about \$225 per issue, at the present size, and an increase of 16 pages, to the size prior to April, 1906, will increase the cost nearly 25 per cent, or make it approximately \$275 per issue. Up to the present time the Secretary has not felt justified in assuming the additional expense, though the pressure on the columns of the JOURNAL will require that this increase be made at no distant date.

The Council on Pharmacy and Chemistry of the A. M. A. has now considered a large number of preparations and it has been urged that our Society exclude from its publications advertisements of articles which have not been approved by the Council. Your Secretary is heartily in favor of this course, though the application of the rule to the pages of the JOURNAL will result in a loss of 2½ pages of advertising, and necessitate dropping the advertisements of the Oakland Chemical Co., Kress & Owen Co., Fougere & Co. and the Henry Pharmacal Co., with possibly some additional firms. Should you approve of the rule suggested, as I sincerely trust that you will, there are two courses which may be followed: the advertisements may be dropped at once or they may be continued until the expiration of existing contracts. It is not certain that any of these advertisers would attempt to compel us by law to carry the advertisements to the end of the year, but it is at least possible.

In regard to the publication of the Register, it seems clear that it must be published at a loss. I believe, however, that the loss will be materially reduced if it is brought out as a supplement to the JOURNAL and of the same size page. Probably enough extra advertising could be secured to partly offset the loss, and each member would be sure of receiving his Register promptly, and at a very small cost of distribution.

The card index of physicians, which had been gathered at considerable expense and very great effort, was of course destroyed. Its loss is felt every day, not only by the Secretary, but by many members of the Society who write for information about doctors in various parts of the State. In the present campaign against cut-rate fees for life insurance examinations and against the lodge practice evil, the lack of the card index is a serious handicap. The records should be established as soon as the work can possibly be undertaken.

As you know, the Secretary, at the request of the Council, has for some years been engaged in the very pleasant work of organization. It was planned to visit every county society in the State during the year 1906, and the work had been begun when our plans were so rudely interrupted last April. The example set by Dr. J. N. McCormack is inspiring; the few meetings which the Secretary has been able to arrange where mixed audiences have been addressed by him, in the past few months, have shown that the work will be very valuable to the physicians in the State if it can be continued. It is not merely a matter of increasing the numerical strength of the organization, but of making our Society an active

instrument for the betterment of public health conditions, and of conditions within our own profession. It has seemed to me that, during the five years of my work, no single task has been so productive of good as the work devoted to organization. It is strongly recommended that an effort be made to arrange for meetings at various places where the physicians and prominent laymen may jointly discuss some of the problems which so vitally affect us all.

Owing to the continued bad weather and the interruption of communication in various parts of the State, a number of county societies have not yet completed their reports, so that a definite and final statement of membership can not now be submitted. One new society has been organized, Stanislaus, with 12 members. The following societies have gained in membership: Alameda, Butte, Kern, Los Angeles, Marin, Napa, Orange, Placer, Riverside, San Diego, San Joaquin, San Mateo, Santa Cruz, Tehama. The following show a loss in membership: Contra Costa, Fresno, Kings, Monterey, San Bernardino, San Francisco, Santa Barbara, Shasta, Yolo and Yuba-Sutter. The others either have not been heard from or remain as a year ago. When all reports are in, the membership will probably be close to 1,800.

Doubtless the ease with which the newly enacted medical law was secured was in part due to our better organization and the fact that a goodly number of legislators had promised the county societies of their respective districts that they would follow the advice of the society in matters pertaining to medical and public health legislation. Too much credit and praise can not be given to Dr. Parkinson, of Sacramento, Chairman of the Committee on Public Policy and Legislation, for the most excellent and careful work which he did during the session of the Legislature, nor to Dr. McKee, whose services in the Senate were no less conspicuous.

In order to avoid, if possible, a repetition of the spectacle of our Legislature even nearly passing an anti-vaccination bill, it would seem desirable to do a good deal of educational work during the next two years. If each county society will take the matter up and arrange for public meetings at which smallpox, tuberculosis and other subjects can be discussed, much good will result. It is also suggested, in this connection, that a special committee of three of the State Society be appointed, which committee shall attend to placing in the hands of the press of California items of public health interest, and shall be a committee on publicity.

In order to continue the work of rehabilitation and place the Society on a sound footing, it would seem imperative that the assessment for 1908 be fixed at a sum of at least \$3. It is hardly possible that an amount of \$1 per year will be appreciable to any of our members, but in the aggregate it means a good deal to the Society. Furthermore, the mere material benefits which have resulted from organization and the work of the State Society should not be forgotten. A good many physicians

in this State are receiving a minimum fee of \$5 for life insurance examinations who would not receive this fee had it not been for the organization work already done and the general agitation of the question.

In order to carry out the suggested public meetings, it occurs to your Secretary that possibly a fund for this purpose might be raised by asking the county societies for voluntary subscriptions, all money thus received to be set aside for that special end.

In closing, the Secretary feels that possibly some word of apology is due you from him. The tasks of the past year have not been easy; many things had to be done hastily and often with little to do them with; some things have had to go undone. Annoyances, innumerable and petty, but none the less trying, have been the order of the day; and some times tempers have been a bit strained. Immediately after the fire the office of the Society was called upon to do almost as much work as before, and with nothing to do it with; therefore some correspondents may not have received that degree of courteous attention which they ordinarily would secure. If any such there be, to them your Secretary offers this explanation and his apologies.

Respectfully submitted,

PHILIP MILLS JONES,
Secretary.

ALCOHOL: THE EFFECT OF ITS USE AND ABUSE.

By ANDREW W. HOISHOLT, Assistant Physician, State Hospital, Stockton, Cal.

Continued from March.

The cost of committing and transporting this number an average distance must have been more than \$3,000, judging from a bill, a copy of which is in my possession, presented to the state for a patient sent from Oakland to Stockton, which was \$45.

This sum of \$3,000, and perhaps considerably more, which is annually expended in this manner, does no real good for the patient—it only serves to increase the income of the sheriff's office.

One of the reasons for the large percentage of delirium tremens received at the California asylums, is the incapacity—partly on account of carelessness in a hurried examination and partly on account of the insufficient knowledge—of the examiners in lunacy at some of the county seats. Every now and then we receive patients who are either on the point of recovery from delirium tremens or have completely recovered from the attack by the time they arrive at the asylum. It must be said in justice to the Superior Judges of San Joaquin County, that since they have been spoken to about this, cases of delirium tremens have not been received at the asylum from that county.

With regard to the effect of alcoholic abuse upon the progeny of the individual there can be no doubt that such children are more apt to become

insane or develop criminal instincts than children of healthy parents; they are also more apt to develop symptoms of other nervous diseases, are apt to be feeble-minded, epileptic, show physical deformities, or have marked drinking habits. Aside from the inherited neuropathic tendencies the children in a drunkard's home usually receive a poor education surrounded by untidiness and misery and are influenced by the bad example before them. According to Bournvilles, about one-third of the living children of alcoholic parents suffer from epilepsy and more than one-half of all idiotic children have alcoholic parents. (9) Aschaffenburg, in his book on "Crime and the Warfare Against It," gives a very instructive genealogical table of a drunkard whose history for two succeeding generations he had studied. The father had five sons, two of whom were normal, three were drunkards and died of heart-disease. The first of the latter had five children, two of whom were prostitutes, one of them a criminal. The second inebriate son had three children, one, a prostitute, the second normal; the third, a worthless fellow. The third inebriate son had two sons, one was a drunkard who died in an attack of delirium tremens; the second died of smallpox. The youngest normal son had six children, two of whom died early. Of the four living children two sons were drunkards, one daughter likewise drank to excess; only the oldest daughter was normal. Among sixteen grandchildren, of whom thirteen grew up, only five were normal. Such is the sad inheritance which the child of a drunkard brings with him into the world!

Kraepelin has taken a great interest in the struggle against the abuse of alcohol. The wide scope of his observations in psychiatry prompted him to say a few years ago that "while the etiology of many mental diseases is still unknown or at least beyond the scope of the investigations so far undertaken, nevertheless we are acquainted with some important and widespread causes of insanity, and their removal is not only one of the duties of the state, but its accomplishment is also within its power. Among these causes stands first and foremost the abuse of alcohol."

The state has everywhere found it difficult to do very much toward the solution of this problem. Still in some countries, notably in Sweden, it has met with some success through high license and a high tax on all intoxicating liquors. The pure food bill, recently made a law in this country, may do a great deal toward remedying the evil if it make it obligatory to have printed on the label of every bottle of intoxicating liquor the rate per cent. of alcohol present in its contents. In many countries and in many states of the Union the so-called "homes for inebriates," which have been established by public and private means, are no doubt doing, or could do much good, if so managed as to concentrate all efforts upon the strengthening of the will-power and if a long continued interest were taken in the individual case, aiming at per-

manent cures and not simply at tiding the patient over the effects of a single debauch, preparing him physically for the assumption of the old habit. San Francisco at one time had such a home which was, however, not well managed. It has been and still is in need of an up-to-date public home of this kind, where the inebriate could be completely diverted from the use of liquor and be protected by as many safeguards as possible against temptations from without and from within, and where he could remain for at least a year. If California should establish such public institutions near the two great centres of population in the state, the county judges could in certain cases of alcoholism, whether associated or unassociated with petty crimes, send the case to the home for a fixed length of time, instead of sending him to jail.

In this connection I wish to say a word for the alcoholic who is arrested as a common drunk. If it were generally known how the average jail takes care of the drunk brought to it, there would be a howl of indignation throughout the state. I have seen a half dozen drunks thrown into a room 9 x 18, and I have been told that at times such a room would hold ten or twelve, in which there would be one stationary washstand and one stationary stool for defecation. The inmates lie on mattresses placed on the floor, dressed as they arrive, without blankets. Many people would perhaps say that they do not deserve better treatment. Aside from general humanitarian considerations, it might be asked why the sufferer from the results of one poison, syphilis, should be shown tender mercy at a county hospital, when the sufferer from the effects of another poison, alcohol, receives the above treatment. Are the worshipers at the shrine of Venus so much better than those who cast admiring glances at Bacchus? But the treatment of the common drunk at the average jail is not only brutal, but it adds its force toward the degrading influence of liquor.

A variety of remedies have been applied to the cure of alcoholism in the past ages; from painting the patient black—as a Yorkshire farmer did to his inebriate wife, which cured her for a month—and the immersion of intoxicated women suspended over water in a chair, which was hoisted up and down three times—an ancient custom in Holland—to our latest fads, the gold cure and other forms of hypnotism. While the last mentioned as auxiliaries to the work of the home for inebriates have undoubtedly accomplished some good, the greatest good must be expected from instruction of the general public as to the grave dangers connected with the daily indulgence in liquor, which a large number of individuals should avoid altogether, and which perhaps not a majority can practice to moderation with impunity. This instruction should begin with the education of the child, not in Sunday-school but in the public schools.

The opportunities for drinking have been and still are manifold. As Bunge says of German cus-

toms: "Men take liquor when they meet and when they take leave; when they are hungry, to satisfy their hunger, and when they are satisfied to stimulate an appetite; when it is cold to get warm; when it is warm to cool off; when they are sleepy to keep themselves awake; when they are sleepless so that they may sleep; when they are depressed to jolly up; when they are elated to give expression to their joy; and when they are baptized, confirmed, married and buried."

The occasions for voluntary indulgence in liquor are so great that all customs or circumstances which place one in positions where he feels compelled to drink, should be fought. For instance, in many first-class restaurants, and there were several in San Francisco before the fire, where one would be charged for wine whether he ordered it or not—the cost of the wine one did not order would be found added to the dinner bill.

There is no doubt that the support which the abstinence or temperance societies give to the enfeebled will-power created in the drunkard by the alcohol, is a very valuable means in the fight against the temptation of liquor. The enthusiasm stirred up by the association-life, the exchange of thought and the literature on the subject does much to save many who otherwise would sink back into the abyss where those who enter leave all hope behind. Still it would seem that the crusade against alcohol is so well justified and founded upon scientific facts, that it should not be necessary to have the cause join hands with religion, especially when it is remembered that many of the most helpless victims are perhaps as much injured by the intense emotional excitement of religion as they are by alcohol. If the Woman's Christian Temperance Union should do its work as "the Woman's Temperance Union," leaving the preaching of religion to the church and missionary societies and confining itself to the demonstration of physical facts and common sense reasoning, I think it would have still better results. Especially if its members would be careful in holding themselves to facts and remember, as Dr. Hallager says, "that even the greatest projectiles do no good if they do not hit, the point being not to shoot over the mark which the leaders of the temperance-cause often do when they bring figures into the field." The good work of the temperance cause would be greatly augmented if the medical profession would en masse take a hand in the fight against the evil. Its members have more than any other class of individuals had opportunities to study the evil effects of alcoholic abuse and if they were banded together in this fight with the enthusiasm they have shown in other fields as good results might be expected as have been achieved in the fight against tuberculosis and yellow fever.

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CONCERNING GENU VALGUM ADOLESCENTUM.

By JAMES T. WATKINS, M. D., San Francisco.

During a visit to the Instituto Del Rachitici of Milan, some notes, dictated in part by its director, the late Professor Pietro Panzeri, were made by the writer, of an operation for the correction of genu valgum staticum or adolescentium. It consisted in opening, by a forced brisement, the outer part of the lower femoral epiphysis, "epiphyseolysis."

Upon returning to Vienna permission to demonstrate the operation was requested and received.

Experimental operations were first performed upon the cadavers of two boys of suitable ages, to remove from the field of speculation whether or not a true epiphyseal separation would regularly follow a properly executed operation. These experiments were never published.* Comparatively recently the opinion has been put forward** that in a majority of these cases instead of an epiphyseal separation, an opening of the outer articulation would occur. In dissenting from this opinion these experiments are offered in detail.

At the outset it should be noted that this operation was not recommended for all varieties of genu valgum. Rachitic children of from two to eight years presenting knock-knee were treated for their rachitis and by the application of appropriate apparatus. Operations were discontinued in these instances.

Older children and adolescents with genu valgum complicated by other deformities, as well as adults, were subjected to osteotomies.

Adolescents up to eighteen years of age, usually persons whose occupation necessitated the long continued maintenance of a standing position, bakers, type-setters, etc., who presented an uncomplicated genu valgum, were treated by epiphyseolysis. In this group of cases the deformity was said to appear late, to be neither preceded nor accompanied by recognizable symptoms of rachitis, and to be confined, as a rule, to the femur in the neighborhood of the knee-joint.

In such an event the most nearly ideal operation would be one which corrected the deformity nearest the joint. A glance at a radiogram of the leg of any growing child will show that an epiphyseal separation must, if feasible, be such an operation. The upper attachment of the joint capsule, be it remembered, reaches as far as the epiphyseal line, but not beyond it.

The technic of Panzeri's operation is exceedingly simple. A strong box, twenty centimeters high by as many long and broad, with well rounded edges, is fixed to one end of a table. The top of the box is slightly concave from side to side and slopes per-

haps ten degrees towards the end of the table. The patient is placed upon the table and completely anesthetized. He is then turned on his face with the limb to be operated upon brought uppermost by rotating it strongly outward. The patient is drawn down towards the end of the table, till the leg and knee project beyond the farther edge of the box. An assistant, who stands on a stool, grasps the thigh with both hands, and fixes it on the box by throwing his weight upon it. About one centimeter of the internal condyle of the femur should project beyond the lower edge of the box. A second assistant affords further fixation by holding the knuckles of his fist against the femur just above the patella. The operator stands at the foot of the table behind the patient's leg. The ankle passes under the operator's arm. With both hands he grasps the patient's knee in such a way that he can determine the condition of the external lateral ligaments and of the epiphyseal line; while his fingers inform him of the position of the internal condyle. All is now ready for the brisement force. While making slight traction, the operator rapidly sinks his body by bending his knees, and throws his weight on the end of the lever afforded by the patient's leg. In so doing, he is careful to apply the strain in the frontal plane of the patient's leg. His own knees enable him at all times to regulate and control the amount of force used. A low-pitched sound of long duration, not unlike that produced by tearing a not-too-dry crust of bread, announces the opening of the outer epiphysis. This sound is entirely unlike the sharp report which is heard with a supracondylar osteoclasis. A cupping of the skin similar to that seen at the site of a subcutaneous Achillotomomy appears over the epiphyseal separation. The procedure should be carried to overcorrection, however, as the subsequent dressing must maintain the improved position without tension. The complete relaxation produced by a deep narcosis, and the very rapid application of the force in the direction of its frontal plane to the fully extended leg, are necessary to the successful performance of the operation.

It was Prof. Panzeri's experience that these cases, if at once put up in plaster-of-paris dressings in the corrected position, sometimes developed a peroneus paralysis. Consequently it was his custom to apply them with papier mache splints in the uncorrected position for the first four days, and then to correct the deformity under narcosis, and apply a plaster-of-paris bandage from the lower ribs to the toes. On the fifteenth day after the operation the plaster was removed below the malleoli and above the inguinal furrows to enable the patient to hobble about. On the fortieth or fiftieth day after the operation the plaster dressing was completely removed, and after three or four days' treatment of the knee-stiffness by baths and massage, he was discharged cured.

A number of photographs and radiograms of patients taken before and after treatment were seen at the Instituto Rachitici, and several cured patients were examined.

The experimental operations done in Vienna upon

cadavers were in no way different from that just described except that in the absence of a specially constructed box an autopsy head-block was used. Post-operative dissections of all four knees were made. The first subject was a well-grown boy of twelve years. In the first knee attacked, a true epiphyseal separation resulted, but the edge of the head-block must have been too sharp, for subsequently a small intra-articular fissure was discovered in the cartilage of the internal condyle.

The other leg of this subject met with an accident. The internal condyle was permitted to slip downward off the head-block. This was observed too late to prevent a fracture just above the condyles—a typical supracondylar osteoclasia.

The operations upon the second cadaver, a boy of fifteen years, were attended with complete success. In each instance, the separation occurred in the epiphyseal line, and was unaccompanied by injury to any other structure.

The dissections of the first, third, and fourth legs, that is, those in which a true epiphyseal separation had occurred, showed that the periosteum had become separated from the bone for a distance of 1 to 2 centimeters above and below the epiphyseal separation. It had remained unbroken, however. In the second, the fracture had taken place exactly at the junction of the condyles with the shaft. It was a clear transverse break, except for a tooth-like process half a centimeter long which appeared in the median line of the anterior aspect of the upper fragment. In this case the periosteum was broken on the outer side of the fracture.

In no instance was the epiphysis of tibia or fibula injured.

A few days later, a twelve-year-old girl was operated upon by the writer at the klinik of Prof. Lorenz. On the right side the usual supracondylar osteoclasia was performed; on the left side, which presented the greater deformity, Panzeri's operation was carried out. On examination and comparison of results a verdict was given for the latter operation. It is still the operation of preference in that klinik and is employed in a rather broader group of cases than that for which it was advocated by Prof. Panzeri.

A REPORT OF THE FIRST TWO HUNDRED CONFINEMENTS AT THE SAN FRANCISCO MATERNITY*

By ALFRED BAKER SPALDING, M. D., San Francisco.

Before the opening of the San Francisco Maternity, the medical students of San Francisco received an incomplete training in practical obstetrics, that important branch of medicine which so often forms the basis of their future practice. Formerly many students graduated from the local medical colleges before they had made their first antepartum examination, before they had attended a woman in confinement, and before they had visited a puerperal

patient or changed a baby. Some even, as can be verified by questioning local practitioners, graduated and were admitted to practice by the state examining boards before they had even witnessed a confinement!

It is interesting to trace the cause for this long-continued failure on the part of the medical colleges to properly train their students in such an important branch of practice. The matter became of particular interest to the writer some years ago when he was placed in charge of the obstetrical department of the University of California. A year was spent in studying the situation, in writing and questioning teachers, practitioners, students and the associated charities. In this way the following facts were ascertained:

(1) It costs more to properly equip and maintain an obstetrical dispensary than the students can pay.

(2) The classes of the local medical colleges are not large enough for any one college to furnish enough students to run a dispensary the year round, unless the student should slight his other work.

(3) The faculties of some of the colleges hesitated to add to the already too large number of free dispensaries, from fear of injuring the local practitioners.

(4) A certain class of physicians, and especially midwives, are willing to confine women for fees ranging from five to ten dollars.

(5) The associated charities, the settlement workers and the dispensaries run by various charitable organizations have always been able to obtain physicians to care for their obstetrical patients in return for the experience it gives them, for the opportunity they have to increase their private practice, and for the occasional surgical patient they secure for operation.

(6) The various charities considered it immodest to allow students to assist in the deliveries, and some feared that the student would do away with the visiting nurses.

(7) It was thought that the students could not give the patients good medical care.

To correct the acknowledged evil of graduating incompletely trained students and forcing them to acquire their experience later at the expense of an unsuspecting public, it was found necessary, on account of the above objections, to establish an independent institution, outside the control of any college, but open to the students of all colleges, supported by popular subscription and devoted not only to giving the best of care to really needy patients, but also to instructing physicians, students and nurses in practical obstetrics.

In this paper it will be attempted to describe briefly the system employed at the dispensary to care for the patient and instruct the student. The statistics presented in regard to the pelvis, the complications, the presentations, the operations performed, the morbidity and mortality met with, are brought before you, not because the results obtained add anything to the store of knowledge in regard to obstetrics, but to demonstrate the fact that just as

*Read before the San Francisco County Medical Society.

good results can be obtained at an obstetrical dispensary run on the academic plan as are obtained in the best maternity hospitals. I believe that this is a fact, not in spite of the student, but because of the student. Because of his watchfulness, because of his enthusiasm, because of his study and training and because of the discipline he is under, the medical student, worrying over any variation from normal, fearing to trust himself too far, reports promptly the condition of patients and carries out his instructions faithfully.

The present report considers the results obtained with the first two hundred women, who were confined, with one exception (a Cæsarian section), in their own squalid homes, attended by the students and nurses of the dispensary, under the supervision of a physician.

The dispensary building serves merely for administrative purposes, containing an office, examining room, interne's room, matron's quarters and students' rooms. Here the student lives for a period of two weeks, receiving lectures on practical obstetrics, examining pregnant women, attending with a physician women in labor, and visiting women in all stages of the puerperium. The pregnant woman is first questioned carefully concerning her social and financial standing, and if considered a proper patient for the institution a medical history is taken by the junior student. This is followed by a complete physical and obstetrical examination made by a physician and the senior (second week) student, which includes a study of the breasts, abdomen, pelvis and vagina. She leaves a specimen of urine, is requested to return in a month for re-examination, and is given a card to send in when in labor.

When called, both students and a pupil nurse take to the house a kit composed of Edgar's trays which contains all the sterile dressings, drugs and instruments necessary for delivery. A physician calls during the labor to supervise the work and instruct the student. The patient is delivered on a Kelley pad surrounded with sterile towels. All examinations are made with a sterile glove, no douches are given (except for hemorrhage), the baby's eyes are treated by Crede's method, the cord is dressed with salicylic acid, and the patient given a supply of sterile pads. After labor the patient is visited every morning by the pupil nurse and every afternoon by one of the students. On the tenth day, if everything is normal and the baby gaining in weight, a complete examination is made by the physician and senior student and the patient is discharged.

Careful and complete records are kept of patients during pregnancy, parturition and the puerperium. Errors are easily recognized and corrected because the patient is seen and studied by so many different observers.

Of the first 200 hundred women confined 111 were native-born, while 86 were born in foreign countries, the nationality of three not being noted. There were 198 white women and 2 negroes; 153 multipara and 47 primipara.

In order to appreciate the results obtained it will

be necessary to consider first the character of the pelvis met with, the presentations and positions, the complications encountered and the operations performed. We will consider first the

Pelvis.—The external oblique measurements have, together with the true conjugate, formed the basis for a diagnosis between a normal and a contracted pelvis. When the external oblique diameters measured between 20 and 24 cm, and the true conjugate measured over 10 cm, the pelvis has been classed as normal. With external obliques over 24 cm, the pelvis has been classed as justo-major. When the external obliques measured under 20 cm and the true conjugate was less than 10 cm, the pelvis has been classed as justo-minor. Any pelvis with a true conjugate less than $9\frac{1}{2}$ cm was classed as flat. Only one irregularly shaped pelvis was met with. With the above method of classification, 92 per cent of the patients have been found to have normal or enlarged pelvis, while 8 per cent had contracted pelvis. Of the 15 patients having contracted pelvis 4, or 26.23 per cent, had abnormal labors. In detail the classification is as follows: Normal, 143; justo-major, 26; justo-minor, 2; flat, 10; justo-minor flat, 2; coxalgic, 1; not measured, 16; total, 200. Rachitis was noted in 8 of the 143 normal pelvis, and in 2 (one rachitic-flat and one rachitic-coxalgic) of the contracted pelvis.

Presentation and Position.—The diagnosis of presentation and position has been based upon abdominal palpation, vaginal touch, a study of the mechanism during labor, and an examination of the fetal head for molding and caput. An unusually large number of abnormal presentations were met with. Only 90 per cent presented by the vertex, while over 8 per cent presented by the breech, and the remaining 2 per cent represented such unusual presentations as brow and transverse. Of the 153 vertex cases 136 were in an anterior position, 17 were in a posterior position, 95 had the occiput pointing to the left and 58 had the occiput pointing to the right. Two cases remained persistent occipito-posterior and were delivered as such over the perineum. Nine of the 14 breech cases were frank breech presentations, 8 of which were delivered as such without any serious impactions. Seven of the 200 deliveries were operative on account of the abnormal presentation or position. The following sums up completely the presentations as found:

Vertex, 153—l. o. a., 89; l. o. p., 6; r. o. p., 11; r. o. a., 47.
Brow, 2.
Breech, 14—l. s. a., 3; l. s. p., 3; r. s. p., 1; r. s. a., 7.
Transverse, 1.
Not noted, 30.
Total, 200.

Complications.—As pointed out above, the patients had about the usual number of contracted pelvis, together with an unusually large number of abnormal presentations and positions. When the adverse surroundings of these patients is considered, the following comparatively small list of complica-

tions becomes more serious as affecting the prognosis. Only the more serious conditions complicating pregnancy, labor or the puerperium will be mentioned.

During pregnancy one patient had an attack of acute jaundice which caused a premature delivery. Two patients were syphilitic; one with tertiary symptoms had a premature delivery; the other, infected during pregnancy, carried her child to the full term. One patient had an attack of lobar pneumonia during the last week of pregnancy, which caused the onset of labor pains on the third day of the fever. One patient had placenta previa, which demanded an emptying of the uterus during the seventh month of pregnancy. In addition there were noted one patient with aortic regurgitation, one with an inguinal hernia, and one with uterine fibroids. In regard to the fetus, seven died in utero, one syphilitic, one a monster (chondrodystrophia-fetalis), one placenta previa, and four from unknown causes.

During labor there were four cases of accidental hemorrhage, six cases of post-partum hemorrhage, two cases of prolapsed cord, and twenty-eight cases of asphyxia neonatorum.

During the puerperium there was one case of retained membranes, which the patient passed on the fourth day, without fever; one post-partum eclampsia, one ether pneumonia, and one case of secondary post-partum hemorrhage. In addition, three babies developed gonorrheal ophthalmia (one case followed the neglect to use silver nitrate, and in the other two cases the technic of instilling the drops was faulty), five babies had bloody vaginal discharges, two babies had distended breasts, and with two the cord became infected.

Operations.—Although the institution is a teaching institution, the percentage of operative cases is very small. The reason for this is that operations were performed only for the benefit of the mother or the child, only when definite indications were present, and never simply for the purpose of demonstrating the technic of an operation. It is the purpose of the institution to develop obstetrical judgment rather than obstetrical technic. As a result, the records are of great value to the student in showing him how many difficulties can be overcome by nature. They show him definite indications for interference and illustrate the seriousness of solving a real obstetrical problem. One hundred and seventy-four, or 87 per cent, of the patients had spontaneous deliveries, while 26, or 13 per cent, exclusive of perineorrhaphy, were operative. The following operations were performed, classed according to the indication:

For contracted pelvis—Caesarian section, 1; high forceps, 1; partial internal cephalic version, 1; breech extraction, 1.

For abnormal presentation and position—External version, 1; partial internal podalic version, 1; partial bipolar cephalic version, 1; breech extraction, 2; low forceps, 2.

For hemorrhages—Braxton-Hicks version, 1; in-

ternal podalic version, 1; interuterine douche, 6; uterine tamponage, 1.

For uterine inertia—Manual dilatation of cervix, 8; mid forceps, 5.

For adherent membranes—Manual extraction of membranes, 3; manual extraction of placenta, 1.

Results.—It is now recognized that a large number of women can not escape local injury to the genital tract during the process of a physiological labor. And it is also recognized that formerly very few women received proper examination or repair of these injuries, at the time of labor. In the present paper the lacerations will be included in estimating the results, although a more scientific arrangement would include a comparison of the genital tract as found during pregnancy and as found ten days after labor.

(a) Lacerations.—No immediate examination or repair of the cervix was attempted, but the anterior and posterior walls of the vagina and the skin over the perineum were carefully inspected, and any break in continuity has been recorded as a laceration, although the ones involving simply the mucous membrane, where the deeper structures were firm, were not repaired. No tear involved the sphincter ani. In all there were 57 lacerations recorded, or 28½ per cent. Twenty occurred in primipera, 37 in multipara; of the 47 primipera delivered, 14, or 30 per cent, required a perineorrhaphy, while with the 153 multipara 17, or 11 per cent were repaired.

(b) Morbidity.—The temperature of the mother was taken morning and evening until discharged. Of the 200 women 25 ran a temperature of 100.4 deg. Fahrenheit or more, for part of one day up to thirty-five days, making a total morbidity of 12½ per cent. The cases are as follows:

		Highest temperature.	
Diagnosis.	Duration.	Degrees.	
1 Doubtful	2 days...	100.4	
2 Doubtful	3 days...	101.0	
3 Doubtful	1 day ...	102.2	
4 Hot weather.....	1 day ...	100.8	
5 Reaction	1 day ...	100.4	
6 Reaction	1 day ...	100.8	
7 Reaction	1 day ...	100.8	
8 Reaction	1 day ...	101.5	
9 Constipation	2 days...	101.0	
10 Constipation	1 day ...	101.1	
11 Neuritis	3 days...	103.0	
12 Malaria	5 days...	100.6	
13 Ante-partum pneumonia..	4 days...	103.8	
14 Ether pneumonia, tubercular	35 days...	103.8	
15 Eclampsia	1 day ...	101.5	
16 Mastitis	1 day ...	100.6	
17 Mastitis	5 days...	100.8	
18 Mastitis	1 day ...	101.0	
19 Mastitis	1 day ...	101.8	
20 Mastitis	4 days...	102.0	
21 Mastitis	6 days...	103.5	
22 Mastitis	2 days...	103.6	
23 Necrosis labia majora....	10 days...	103.0	

24 Uterine sepsis..... 9 days...103.8

25 Uterine sepsis.....11 days...105.8

(c) Mortality—There was no maternal mortality.

The fetal mortality consisted of 9 stillbirths, and 9 babies died during the first eleven days, making a total fetal mortality of 9 per cent.

Died before labor, 7—Chondrodystrophia fetalis, 1; ninth month, 2; seventh month (placenta previa), 1; fifth month, 1; fourth month, 1; syphilis, 1.

Died during labor (premature), 2.

Died after labor, 9—Atelectasis, first day, 3; premature (incubator), second day, 1; accidental suffocation, fourth day, 1; infected cord, general peritonitis, cerebral hemorrhage, fourth day, 1; cerebral hemorrhage, ninth day, 1; infected cord, gastro-enteritis, meningitis, tenth day, 1; acute gastro-enteritis, eleventh day, 1.

Conclusions.—From the above statistics it will be seen that 200 poor women have been confined in their own homes without a maternal death and with a fetal mortality, considering only the 191 babies alive at birth, of less than 5 per cent. A total morbidity of only 12½ per cent is exceptionally low and would be hard to equal in a good maternity hospital. To attain such results amidst adverse surroundings, with a class of patients who are underfed and under-clothed, and who are often suffering from the social diseases of the poor, such as chronic alcoholism, syphilis and gonorrhea, to carry these patients through a fairly large number of abnormal labors and protect them and their offspring from their surroundings and their diseases, is a benefit not only to the poor and a saving to the community, but, on account of the teaching and experience gained by the future practitioner, is both a benefit and a saving to the medical profession.

The San Francisco Maternity offers three interne services each year to regular graduates in medicine. The interne must devote his entire time to the dispensary for a period of four months. In return the society gives room, laundry and \$35 a month, which is sufficient to cover all necessary living expenses. Applications for service beginning November 1, 1907, and March 1, 1908, are requested, and should be directed to the Medical Director, San Francisco Maternity, 1195 Valencia street, San Francisco.

A CASE OF POISONING BY SMALL DOSES OF ATROPIN.*

By HENRY WALTER GIBBONS, M.D., San Francisco.

Cases of poisoning by atropin are not very uncommon; but, as there are several points of interest in the following case, it might be of interest to report it.

On December 11th, at noon, I was called to see Mrs. S., a woman of seventy-one years, who had been suffering from bronchitis for about two weeks. She complained of cough, especially at night, accompanied by excessive secretion with a large amount of sputum and rattling in the throat.

Previous history: During early life the patient had been well, but of nervous temperament. She

had three children. For a period of seven or eight years before her menopause the patient had been an invalid, suffering from dismenorrhea and probably salpingitis, and was confined to bed a good part of that time. For the last ten years, with the exception of an attack of lobar pneumonia a year ago, she has been well, though nervous. For the last year she has shown signs of failing mentally, incident with advancing age.

On examination was found a fairly well nourished old lady, quite well preserved, active, intelligent and apparently sound in mind. She had cough which was worse at night and upon rising. There was no pain. Appetite good; sleep fair, disturbed a little by cough; bowels regular; lungs negative except for a few rales heard throughout; heart negative; pulse 80, temperature 98°; abdomen negative; urine negative.

Mild laxative was prescribed, heroin and terpin hydrate and pills of atropin sulphate, gr. 1-100, one to be taken at bedtime.

On the evening of December 11th the patient took one of the atropin pills and did not have her attack of coughing upon retiring. On December 12th I saw her. She was much better and I was informed that it was not necessary to see her again. On the 14th I was called again and learned that on the evening of December 12th the patient had taken another pill, and that night had become very restless, sleepless and delirious, picking at the bed clothes, trying to get out of bed, talkative and irrational. The next day the symptoms had continued, though milder, and on that night she was given another atropin pill.

When I saw the patient on the following day she was sitting up in bed, where the attendants had great difficulty in keeping her. Her fingers were continually busy picking at the bed clothes, buttoning and unbuttoning her sack. She talked constantly in a rambling sort of way, changing from one subject to another with great rapidity. Said she felt quite well and wondered why she was kept in bed. She would pick up a fold of the bed clothes, ask what this was doing here and demand that it be removed. She thought that she was constantly surrounded by bugs, would see them running in all directions, and ask that they be taken away. She answered questions when put to her sometimes correctly. She did not realize that her actions were not normal. She recognized a daughter who lived in another town and whom she had not seen for months, but treated her coming as a matter of course and spoke to her as if she had seen her but yesterday. Her memory for recent events was very vague, but for events eight or ten years back it was exact. She lived in a sphere of her own, talking to inanimate objects as if they understood, oblivious to what went on about her except when addressed in a loud voice.

She appeared very bright and animated, her face was flushed, eyes had a fixed look, but were very bright. The pupils were very widely dilated and there was no reaction to light or accommodation. The throat and tongue were dry, voice slightly husky, and she complained of the throat being sore. She had no pain. Lungs and heart negative. Breathing 18 per min. Pulse regular, full and rate only 80. The urine was voided normally and examination of it was negative. Temperature 99.2°, which remained for three days about the same.

That night the patient was given ¼ grain morphin, hypodermically. She slept most of the night. On the following day the symptoms were just the same. More morphin was given, which quieted her for six hours, when the symptoms again returned. This condition persisted for three days more, making five days the duration of the delirium. For three days more she was slightly wandering in her speech.

*Read before the Cooper College Science Club.

The pupils were smaller on the second day after the last dose, and on the three following days gradually contracted to normal size with normal reaction. The appetite remained good during the whole attack. For the last three days a solution of tincture of valerianate of ammonia was given.

For a week after the disappearance of the symptoms the patient was quite weak and remained in bed with no desire to get up. At present, one month later, she is quite herself again.

The points of interest in this case are several.

First the dose of 1-100 grain by mouth repeated on three successive nights seems hardly enough to produce such severe and lasting symptoms. It is possible that one or two of the pills may have contained much more than 1-100 of a grain. Stalberg reports a case of severe poisoning in a man who had been taking pills containing 1-240 of a grain of atropin, over a long period of time, who suddenly developed alarming and characteristic symptoms after taking one of the same pills, which evidently contained an overdose. The pills in my case were dispensed from a nearly empty bottle which had been put up by a manufacturing drug firm of good reputation. All the other pills from the bottle had been given out and had caused no poisoning to the knowledge of the druggist. It is, however, possible that the small doses did cause the symptoms, as some individuals undoubtedly have a marked idiosyncrasy toward the drug as is frequently seen by oculists who inject small doses into the conjunctiva. H. C. Wood gives 1-10 to 1-12 of a grain as the dose which may produce poisoning. Dr. Henry Gibbons, Jr., had a case in his practice of a man of middle age who applied a belladonna plaster to his back. He came to that office on the following day complaining that he could not see and that his mouth and throat felt very dry. Woodman and Tidy state that death has followed the application of a belladonna plaster over a sensitive surface and that the application of atropin ointment to a raw surface has proved fatal. Ives had a case of a girl 5 years old who had active delirium for twelve hours following the dropping in each eye of one drop of a solution of atropin, 1 grain to two ounces, on six successive days.

Every practitioner is accustomed to give 1-100 grain or even 1-60 of a grain hypodermatically with no untoward effects; and it was common at the City and County Hospital, San Francisco, to give patients very weak in the last stages of consumption, 1-50 grain night after night. From this it would appear that it is not the physical condition of the individual which makes him susceptible, but rather his idiosyncrasy toward the drug. Whether extremely nervous individuals or those with the weakened mental faculties of old age are more susceptible to delirium, it would be very interesting to investigate. As the direct systemic effect of the drug is entirely on nerve tissue (Rosby) it might be possible that those with less resistance or high-strung nervous systems are more prone to the effects of atropin.

Another point of interest in my case was the marked effect upon the nervous system. The class of symptoms so produced was much more violent than the others described as occurring in cases of poisoning. She had no rash of the scarletina variety

which has often been described, although her face was flushed. The pulse, respiration and temperature showed very little change. Wood states that the pulse rate is usually stimulated to 120 or 160 per minute and the respiration is accelerated, which conditions remain during the active delirium. I did not see the patient until twelve hours after the last dose had been taken, but at no time after that was the pulse above 80 or the respiration above 20, although the delirium continued unabated. The lack of acceleration of the heart-action may be explained by the advanced age of the patient. It has been found that the inhibitory action of the vagus upon the heart is more or less lacking in old people. Atropin normally acts upon the vagus, causing a paralysis of its inhibitory fibres, thus allowing an acceleration of the heart-rate. If these inhibitory fibres are not active in the aged, then a paralysis of them by atropin would not effect the heart-rate, which would be controlled, as before, uninfluenced by the vagus. There was no retention of urine or vesical tenesmus, as is so often described, and no purging. It is possible that her mental faculties were most prominently affected on account of their impairment by age. It has been found that the alkaloid acts directly upon the cerebral cortex, so it may be, where this part of the nervous system is weakened or overexcitable, it is more easily influenced.

Another interesting point in this case is the long continued active delirium. These symptoms continued over a period of five days. In most accounts of the effects of the alkaloid in reported cases, the stage of excitement is much shorter, followed by one of marked depression. Thus, the delirium in Stalberg's case, although more violent than in mine and accompanied by more alarming constitutional symptoms, lasted only six hours. In a case of Holz it was the same. In a case reported by Taylor in a boy of 14 years, who ate thirty belladonna berries followed by very alarming symptoms, the delirium continued but two days. In Ives' case the delirium lasted twelve hours. In a case of Goddard there was complete return to sensibility in five hours. In that of Cartright, sixteen hours. In a case reported by Taylor of a woman who drank one ounce of belladonna liniment, the symptoms lasted twenty-four hours. Thus, in the light of these reports, when the fourth day passed and the fifth with no ceasing of the delirium it became rather disconcerting and some permanent mental derangement was feared.

The dose of atropin which may prove fatal is variously stated by different authors and certainly varies greatly with the individual. Hamilton states that the smallest fatal dose recorded is 1-30 gr. hypodermically, while Woodman and Tidy state that recovery has followed ingestion of 1.5 gr. Dr. Eliot saw a patient recover after taking four grains, and recently Goddard had a patient recover from a dose of five grains of atropin.

The aim of the treatment is to get rid of the drug by stomach pump and emetics, if seen soon after the poison has been taken, and free evacuation of the bowels; and by administering animal charcoal, or tannic acid. The charcoal, as has been proven by experiment, absorbs the alkaloid; tannic acid renders

it insoluble. Sweet spirit of niter is recommended to increase the action of the kidneys. Wiechowski recovered 33 per cent injected atropin from the urine. It is well, therefore, to catheterize to prevent reabsorption from the urine. Pilocarpin is regarded by Small as the most efficient antagonist, as its action on the heart is directly opposite, by restoring the inhibitory action of the vagus after it has been paralyzed by atropin. It also promotes action of glands inhibited by the alkaloid. As morphin contracts the pupils it has been suggested as a physiological antidote, but many claim that, as a physiological antidote, this is as far as it goes. Yet clinical experience has demonstrated its great value in combating the delirium of atropin poisoning. Holz, in a recent report, states that the antagonism between morphin and atropin is established, that morphin is not a chemical antidote but it stimulates the nerves paralyzed by atropin.

Dr. Sewall, discussing the paper read by Dr. Gibbons on "Atropin Poisoning:" This paper is very interesting and I am especially concerned with what the doctor said in regard to the length of time the delirium continued. I have seen a number of cases in the service of Dr. Barkan, but in nearly all these cases the delirium has only lasted for a few hours. Sometimes it has been very violent. In children the delirium has been brought on by as little as three drops of 1 per cent atropin solution dropped into the eyes, although we make it a rule always to apply the finger over the lachrymal sac. In a case which we had recently, it was necessary to use a great amount of atropin and for a long time. In spite of all the medication the pupil had a tendency to contract. We used large doses of atropin instilled into the eyes. The patient took the drug very well for a time, then suddenly the nervous system showed signs of derangement and later he had those symptoms described by Dr. Gibbons. We discontinued the drug until he became rational and apparently normal, and then as it was still necessary to use the drug, we continued, but found that the slightest amount of the drug would throw the man out of his balance and he became delirious again. He trembled and would become very much excited. Whether this was due to some psychical disturbance or not, I do not know. After his nervous system was once overcome, we had to be very careful of the amount we used.

Dr. Gray: I have seen two cases of atropin poisoning in children and one in an adult. A favorite prescription in the Children's Clinic is a grain of atropin in one ounce of water, of which as high as 12 drops t. i. d. have been given to children of 10 or 12 years with no disagreeable effects, though continued over a long period of time. This prescription was given to a child of 20 months with instructions to give four drops at bedtime. Instead, the mother gave a teaspoonful, equal of one-eighth grain of atropin. Symptoms of poisoning appeared in about one hour, but were treated as acute indigestion by a neighbor, who gave emetic. No relief of symptoms resulted from this, and after eight hours

I was called to the child, which I found in delirium with convulsions, the tongue greatly swollen and dry, the child unable to swallow, the pupils widely but not extremely dilated, the pulse very rapid and the skin of the face and body a brilliant red. The temperature was not taken. I gave the child a hypodermic of one-eighth grain of morphin and the convulsions subsided in 15 minutes and the delirium practically disappeared. I then gave one-sixteenth grain of pilocarpin by hypodermic, which resulted in the appearance of slight moisture on the tongue.

After 15 minutes another one-sixteenth was given, and with this saliva appeared quite freely in the mouth and slight perspiration in the skin. The child was given a drink of water, after which it slept for eight hours and awoke in apparently normal condition.

Another child of two and a half years had had, sometime previously, a bad cough. Pills were left containing atropin 1-250 with instructions to give one, and if it controlled the cough to discontinue, but if it did not to give another every four hours. Some months afterward I was called and found the child in convulsions. It had long intervals of convulsions and was perfectly delirious, picking with the hands, face quite flushed. The mother thought she had fever. The body was somewhat flushed. Pulse rate very rapid, 160; respiration quite rapid, no nausea, skin dry, able to swallow. I gave this child 1-24 of morphin by mouth and left instructions to have 1-24 given every hour until the child slept. Next day the child was perfectly normal. I told the mother that I felt that the child had taken something of this kind and asked about the pills. It finally came out, that during the day the mother had been sweeping and cleaning the room and she had laid the pills in a little box on the bed. The child was playing about and the mother remembered afterward that she had heard the child say, "I will be all well now." She was not able to find the pills and the only conclusion to come to was that the child had found the pills and had taken them.

I am satisfied that there is a greater susceptibility to atropin poisoning in adults than in children. An adult can get this alarming condition with a belladonna plaster. The symptoms with the drug always seem to be about the same. The convulsions are not so common in the adult.

CYCLODIALYSIS FOR CHRONIC GLAUCOMA.*

By E. C. SEWALL, M.D., San Francisco.

There is no disease of the eyes which has received more careful study than chronic primary glaucoma, nor is there a disease which has presented more difficulty in the solving of its pathology, or in devising a cure. Hippocrates has mentioned it, and it has come down through the ages as a recognized entity until the discovery of the ophthalmoscope and more modern methods of pathology and physiology have to a certain extent made

*Read before the Eye, Ear, Nose and Throat Society.

its processes *seem*, at least, fairly clear. It is interesting that the hardness of the globe was recognized and sclerotomy performed to relieve it, before the ophthalmoscope permitted a view of the interior of the eye, and also that Von Graefe, while considering the disease a chronic iridochoroiditis, performed the epoch-making operation of iridectomy.

These two operative procedures had their supporters, but the former has been quite abandoned in favor of the iridectomy. The iridectomy done first, on, we might say, empirical grounds, in the light of modern methods has led indirectly to the operation, cyclodialysis.

In chronic glaucoma, the iris lies forward so that the angle of the anterior chamber is closed. This prevents the excretion of fluid, by mechanical interference. The iridectomy relieves this condition. Fuchs, however, observed that it did more than merely free the chamber corner. He claimed that there was a rupture of the ligamentum pectinatum, which allowed a communication between the anterior chamber and the supra-choroidal lymph space.

From these results of careful thought, the operation of cyclodialysis was evolved by Professor Dr. Heine in Breslau. He very cleverly conceived the idea of both freeing the chamber corner and establishing communication between the supra-choroidal space and anterior chamber without the removal of the iris. Briefly, he enters the supra-choroidal space near the cornea, through the sclera, and then, separating the parts, enters the anterior chamber. The technic of the operation, I will give in his own words:—

"Above or below, temporal or nasal from the corneo-scleral limbus, at a distance from this of five to ten mm, cut through the conjunctiva and episcleral tissue until the sclera is laid bare. Taking hold near the limbus with the forceps, the eyeball is steadied, and an incision made parallel to a tangent to the limbus passing through this point. The incision extends to the ciliary muscle, and is made with a straight or bent iridectomy lance.

"One takes the lance in the hand as a pen, and the perforation of the sclera can be felt. Make the opening in the sclera about two mm long. Now introduce into this wound a small spatula such as is used for replacing the corners of the iris after iridectomy, taking care to work with spatula always pressed outward against the sclera. When the instrument is pushed forward as far as the ligamentum pectinatum, some resistance is felt. This is overcome slowly and then the spatula is seen to appear in the anterior chamber. Excursions are now made to each side, so as to separate the iris widely from its basal attachment. The spatula is now slowly withdrawn and more or less of the aqueous can be allowed to pass out as desired. The conjunctival wound is sutured by a catgut suture and eye banded. If one has allowed no aqueous to escape, there will be no alteration in the tension immediately following the operation, but becomes apparent in three to four days. The operation is almost painless under

cocain and adrenalin and general narcosis is necessary only in children."

Prof. Heine brings up several questions that naturally arise. Does the communication produced heal immediately and leave simply an irido-dialysis which acts merely by freeing the chamber corner? Is not the supra-choroidal space entirely obliterated in a case of chronic glaucoma? These questions a greater amount of experience and material alone will answer.

He reports favorably on the operation after operating on fifty cases, and he gives account of many cases where cyclodialysis has relieved conditions where iridectomy failed. Most of the iridectomies were performed by Prof. Uthoff in Heidelberg, which insures their careful performance.

It is perhaps too soon to form an adequate idea of the results to be obtained from this operation, but while visiting Axenfeld's clinic, I saw the operation performed several times, and also a number of times in Fuch's clinic. This shows the interest aroused in the best clinics in Europe, and we can soon hope for enough statistical material to place a value on the method. It certainly presents some points of striking advantage; principal among these, is the fact that the pupil is not interfered with, and consequently disturbance of vision caused. There is also no danger of injury to the lens.

The case I show this evening is one of long-standing glaucoma in both eyes. A native of Germany, 53 years of age, collector by trade, presented himself May 27, 1906, at the clinic of Cooper Medical College, under the service of Dr. Barkan, complaining of increasing loss of vision. Noticed trouble in left eye twelve years previous, right, four years ago. Vision in right eye, fingers in 5 feet with correction—2.5, 20-40; in the left eye, hand movements, no improvement possible. The disc was cupped and the tension increased; the field in the right eye was much contracted, impossible to take the left field. Cornea clear, sensitive, anterior chamber shallowed. Was treated with pilocarpin and returned to the clinic from time to time. Vision was constantly decreasing in the right eye.

Three months ago I operated upon both eyes by the method of Prof. Heine. Vision in the right eye then was, fingers in 4 feet; in the left, hand movements. I employed a general anesthetic in order to give me greater control over the eyes, not knowing what the difficulties might be. The incision through the sclera was difficult to make, because of lack of experience and fear of injury to structures underlying. After a little patience, however, the sclera was perforated and the spatula introduced into the wound and pushed without trouble into the anterior chamber. I then moved it upward and downward in an endeavor to detach the iris widely. The operation on the second eye was much easier than the first, and would see no occasion again of employing general anesthesia. Patient was kept in bed and quiet for some days. There was absolutely no inflammatory reaction. Pilocarpin was instilled regularly and has been used since the operation.

It is difficult to judge what the results of these operations have been. To all appearances, the eyes have never been operated upon. The vision remains about the same as before the operation. No detachment of the iris can be seen, though this was freed quite widely. The tension, however, is certainly better, though the patient is using pilocarpin regu-

larly. However, we may say there was not the immediate decrease in vision that sometimes follows a large iridectomy-coboma, and the results hoped for may be achieved, *i. e.*, the retention of what vision he has. In case of further failure of vision, nothing prevents a reperformance of the operation.

PROPRIETARY PREPARATIONS APPROVED BY COUNCIL ON PHARMACY AND CHEMISTRY.

Continued from Feb., 1907.

ARGONIN.

A soluble casein compound containing 4.28 per cent. of silver.

Actions and Uses.—Its actions and uses are similar to those of silver nitrate, but it is claimed to have greater power of permeating living colloid membranes than other silver albumoses. It is applied as an injection in 0.1 to 0.2 per cent. solution; in ophthalmic practice a 10 to 20 per cent. solution in glycerin may be used. **Dosage.**—It is generally used in 0.5 per cent. solution, but even 20 per cent. solutions have been injected without producing irritant symptoms. Manufactured by Farbwerke vorm. Meister, Lucius & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

ARGYROL.

A compound of a derived proteid and silver oxide, containing from 20 to 25 per cent. of silver.

Actions and Uses.—Solutions of argyrol (20 to 50 per cent.) are said to be non-irritating to mucous membranes. Taken internally it is said to be non-toxic. It is claimed to be an antiseptic. It is recommended in urethritis and cystitis, in conjunctivitis and in affections of the nose, throat and ear. **Dosage.**—It is employed in from 10 to 25 per cent. and even stronger solutions. Manufactured by Barnes & Hille, Philadelphia.

ARISTOCHIN.

Aristochin. $\text{CO} \cdot (\text{C}_{20}\text{H}_{23}\text{N}_2\text{O}_2)_2 = \text{C}_{40}\text{H}_{46}\text{N}_4\text{O}_5$, the neutral carbonic ester of quinine.

Actions and Uses.—The same as those of quinine, but, since it is only slowly acted on by acids, it is said not to produce disturbance of the stomach and to be notably free from tendency to production of cinchonism. **Dosage.**—The same as that of quinine, in powder, mixed with milk sugar, dry on the tongue or suspended in liquids. Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

ARISTOL.

A name applied to Thymolis Iodidum, U. S. P. Manufactured by Farbenfabriken vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

ASPIRIN.

Aspirin $\text{C}_6\text{H}_4\text{O}(\text{CH}_2\text{CO})\text{COOH}$, $1:2 = \text{C}_9\text{H}_8\text{O}_4$, the acetyl derivative of salicylic acid.

Actions and Uses.—It acts like salicylic acid, over which it possesses the advantage of producing less of the undesired local and systemic side effects, on account of the slow liberation of the salicylic acid. It passes the stomach unchanged, the decomposition beginning in the intestine. **Dosage.**—0.3 to 1 Gm. (5 to 15 grains) in capsules or wafers, or dissolved in sweetened water or dry on the tongue, followed by a swallow of water. The powder should be dispensed in waxed paper. Manufactured by Farbenfabriken, vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

BENZOSOL.

Benzosol, $\text{C}_6\text{H}_4(\text{OCH}_3)(\text{C}_6\text{H}_5\text{COO}) = \text{C}_{14}\text{H}_{12}\text{O}_3$, a crystalline compound of guaiacol in which the hydrogen of the hydroxyl is replaced by benzoyl.

Actions and Uses.—Benzosol is decomposed slowly in the intestinal tract into guaiacol and benzoic acid which exert their proper actions. The liberated constituents are absorbed and excreted in the urine. It is not irritating. Its uses are analogous to those of creosote and benzoic acid. It is recommended in incipient pulmonary tuberculosis, as an intestinal antiseptic in fermentation, diarrhea, typhoid fever, diabetes mellitus and as a urinary disinfectant in cystitis, etc. **Dosage.**—0.2 to 0.6 Gm. (3 to 10 grains), in powder, capsule, pill, or suspended in liquids or as an emulsion. Manufactured by Farbwerke, vorm. Meister, Lucius & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

BETA-EUCAINE HYDROCHLORIDE.

Beta-eucaine hydrochloride, $\text{C}_8\text{H}_7\text{N}(\text{CH}_3)_2(\text{C}_6\text{H}_5\text{COO})\text{HCl}$, the hydrochloride of 2,6,6-trimethyl-4-benzoyl-hydroxypiperidine. **Actions and Uses.**—Beta-eucaine hydrochloride is a local anesthetic like cocaine, but weaker and devoid of the stimulating properties of the latter. It does not dilate the pupil, nor does it contract the blood vessels as does cocaine. It has the advantage of stability even on prolonged boiling. It may be used in all cases in which cocaine is indicated as a local anesthetic, especially in ophthalmology. **Dosage.**—It may be applied in a 2 to 3 per cent. solution to the eye, 5 to 10 per cent. for nose and throat, and 5 to 10 per cent. for ointment for hemorrhoids. Manufactured by Chemische Fabrik auf Actien, vorm. E. Schering, Berlin (Schering and Glatz, New York).

BETA-NAPHTHOL BENZOATE.

Beta-naphthol benzoate, $\text{C}_6\text{H}_5\text{COO}\cdot\text{C}_{10}\text{H}_7 = \text{C}_{16}\text{H}_{12}\text{O}_2$, the benzoic ester of B-naphthol.

Actions and Uses.—Beta-naphthol benzoate is split up into its constituents on reaching the intestinal tract and acts as an antiseptic. It is said to be diuretic. It is used internally as an intestinal antiseptic in diarrhea and typhoid fever. Externally it has been recommended as a parasiticide in the form of 3 to 10 per cent. ointment, and has been used in psoriasis, eczema, scabies, etc. **Dosage.**—0.2 to 0.5 Gm. (3 to 8 grains); maximum dose, single, 1 Gm. (15 grains), daily 4 Gm. (60 grains). Manufactured by Fabrik von Heyden, Radebeul near Dresden (Merck & Co., New York).

BETOL.

Betol, $\text{C}_6\text{H}_4\text{OH}\cdot\text{COO}(\text{C}_{10}\text{H}_7) = \text{C}_{17}\text{H}_{12}\text{O}_2$, the salicylic ester of B-naphthol.

Actions and Uses.—Betol is not affected in the stomach, but is split up in its original components when it reaches the intestinal tract by the pancreatic juice and intestinal secretions. It is believed to act as an intestinal antiseptic and, being excreted in the urine, to act in a similar way in the bladder. It has the anti-rheumatic properties of salicylic acid. It is recommended for intestinal fermentations, catarrh of the bladder, particularly in gonorrheal cystitis, for rheumatism, etc. **Dosage.**—0.3 to 0.5 Gm. (4 to 8 grains) in cachets, milk or emulsion. Manufactured by the Heyden Chemical Works, New York.

BISMAL.

Bismal, $4 (\text{C}_{15}\text{H}_{12}\text{O}_6) \cdot 3\text{Bi}(\text{OH})_3 = \text{Bi}_3\text{C}_{60}\text{H}_{48}\text{O}_{24}$, a compound of bismuth hydroxide and methylendigallic acid.

Actions and Uses.—Bismal is an astringent and is recommended for the treatment of chronic diarrhea. **Dosage.**—0.12 to 0.3 Gm. (2 to 5 grains) in cachets or powder. Manufactured by E. Merck, Darmstadt (Merck & Co., New York).

BOROCHLORETONE.

A mixture of 1 part chloretone with 3 parts boric acid.

Actions and Uses.—An antiseptic and anesthetic, used externally as a surgical dressing powder. Prepared by Parke, Davis & Co., Detroit, Mich.

BROMETONE.

Brometone, 1,1,1-tribrom-2-methyl-propan-2-ol, $CBr_3C(OH)(CH_3).CH_2=C_6H_5OBr$, produced by the reaction of acetone on bromoform.

Actions and Uses.—Brometone is claimed to have the sedative action of the bromides without the disadvantage of producing bromism. In doses of 0.3 Gm. (5 grains) four or five times a day, in adults, it is claimed to cause no unpleasant results and to produce no disturbance of the digestive organs, and to have no appreciable effect on the secretions. Its action is prompt and its effect is manifest for several hours. In doses exceeding 1.6 Gm. (25 grains) daily it may produce dizziness, vertigo, anorexia, and mental hebetude, all of which symptoms disappear on discontinuance of its use. Therapeutically it has been recommended in mild conditions of excitation and insomnia, in so-called narcotic abstinence, in hysteria and in nervous affections generally. It relieves some forms of cough and is said to produce amelioration in about 60 per cent. of cases of epilepsy. It has been used to relieve dizziness due to labyrinthine disturbances. **Dosage.**—The dose is 0.3 Gm. (5 grains) to be repeated two or three times during twenty-four hours. Manufactured by Parke, Davis & Co., Detroit, Mich.

BROMIPIN.

A bromine addition product of sesame oil, containing 10 per cent. of bromine in organic combination.

Actions and Uses.—Bromipin acts like the bromides, but as it yields its bromine more slowly it is thought to have less tendency to produce brominism. The combination is not broken up in the stomach, but a portion of the bromine is split off as soon as the oil enters the intestine. The oil with the remaining bromine is easily absorbed, and, similarly to other fats, is largely deposited in the tissues, where it is slowly split up. It is said to be more lasting in its action than the bromides. **Dosage.**—4 Cc. (1 fluidram), increased in cases of epilepsy to from 8 to 32 Cc. (2 to 8 fluidrams); in emulsion with peppermint water and syrup, or pure, flavored with oil of peppermint. Manufactured by E. Merck, Darmstadt. (Merck & Co., New York.)

BROMIPIN—33 1-3 PER CENT.

A 33 1-3 per cent. brominized sesame oil. Manufactured by E. Merck, Darmstadt. (Merck & Co., New York.)

BUTYL-CHLORAL HYDRATE.

Actions and Uses.—Its action is similar to that of chloral, except that it is said to be less depressing and more analgetic. It has been especially recommended for facial neuralgia. **Dosage.**—0.3 to 1.5 Gm. (5 to 20 grains).

CALCIUM ICHTHYOL.

A derivative of ichthyol in which calcium is substituted for ammonium. Manufactured by the Ichthyol Co., Hamburg. (Merck & Co., New York.)

CALOMELOL.

A soluble colloidal form of calomel, containing albuminoids.

Actions and Uses.—Its action is the same as that of calomel, but it is claimed to be superior because of its solubility in water, acting more rapidly and efficiently. Calomelol is claimed to be non-irritant and particularly non-toxic. The indications for its use are the same as for calomel. **Dosage.**—Internally the same as calomel. Externally it is used as a dusting powder, mixed with an equal quantity of starch and zinc oxide, or in the form of calomelol

ointment. It should be guarded from the light. Manufactured by the Heyden Chemical Works, New York.

CALOMELOL OINTMENT.

Actions and Uses.—It is a substitute for mercurial ointment, over which it has the advantage of cleanliness, and it is claimed to be distinctly superior as an inunction in syphilis, etc. **Dosage.**—6 Gm. (90 grains) daily for inunction in syphilis. Manufactured by the Heyden Chemical Works, New York.

CASCARA EVACUANT.

A preparation said to contain a bitterless glucoside, obtained from the bark of *Rhamnus purshiana*, with aromatics.

Actions and Uses.—It is claimed that this preparation possesses the laxative properties of cascara sagrada without the bitterness which characterizes the ordinary extract. It is recommended for the treatment of chronic constipation, for which cascara sagrada is one of the best medicinal agents. **Dosage.**—As a laxative, 0.6 to 1 Cc. (10 to 15 minims) three times a day; as a purgative, 1.3 to 2 Cc. (20 to 30 minims) morning and evening. 4 Cc. (1 fluidram) may be given in obstinate cases. Prepared by Parke, Davis & Co., Detroit, Mich.

CASCARA TONIC LAXATIVE GLOBULES.

Each globule is said to contain 0.2 Gm. (3 grains) of the bitter glucosides of *Rhamnus purshiana* suspended in a bland fixed oil, to which aromatics have been added.

Actions and Uses.—The manufacturers claim that it combines the laxative action of cascara with tonic properties of the bitter principle with the advantage of concealment of the disagreeable taste. **Dosage.**—One or two globules to be taken before retiring. Prepared by Parke, Davis & Co., Detroit, Mich.

(To be continued.)

COUNTY SOCIETIES.**RIVERSIDE COUNTY.**

Our last medical meeting was held at the home of our President, Dr. Sam'l Outwater, Monday evening, March 11th. Dr. John C. King of Banning, president of the State Board of Medical Examiners, read a paper on "Medical Tuberculosis in Children." The doctor's paper was of especial interest to us, because of efforts we are making to teach the public the proper way to handle tubercular cases, and Dr. King's success at Banning can be used as an illustration of the value of fresh air, sunshine and proper diet. The next meeting will be held the second Monday in April. G. E. TUCKER, Secretary.

SANTA CLARA COUNTY.

This society held a special meeting at Palo Alto on April 4th and a banner meeting was had. Our Palo Alto confereres arranged a most interesting program, the papers being devoted to questions of public health. As it was an open meeting, the auditorium of the Congregational Church was comfortably filled, and the interest shown by those present simply goes to prove that open meetings are appreciated by the general public. Dr. Snow had lantern slides showing the sanitary as well as unsanitary conditions of dairies, vegetable gardens and the water supply of the peninsula. Dr. Mosher gave a paper on "The Citizen and His Importance as a Factor in Spreading Disease." Prof. Pierce spoke on "The Public Health Administration at Palo Alto," and Dr. Wm. Simpson's paper dealt with "The Public Health Administration of Santa Clara County." We believe that open meetings dealing with subjects relative to the source of our food and water supply will give us the support of the general public in demanding that sanitary conditions shall prevail

about all premises where produce is raised. It is the unanimous opinion of our members that the Palo Alto meeting be reproduced in San Jose, and that the public be invited to attend.

At our regular meeting, held in San Jose on April 10th, we enjoyed a very able address by the Rev. Dr. Powell of Santa Clara on "The Religious Opportunities of the Physician." Every physician present entered into the discussion that followed Dr. Powell's remarks, and we hope that Dr. Powell will again address this Society at some future time. Our guests of the evening were Rev. Dr. Powell of Santa Clara, Dr. L. R. Marvin of Muskegon, Mich., and Dr. Thomas of San Francisco.

K. C. PARK, Secretary.

SANTA CLARA COUNTY.

The Santa Clara County Medical Society held its first special meeting in Santa Clara on March 6th, the meeting being held in the Santa Clara Woman's Club building. Many of the San Jose physicians were present, and as the Santa Clara members acted as the hosts we had a good time. There was no regular paper presented, but the discussion of several interesting topics made the meeting an instructive one. The ladies of the Santa Clara Woman's Club generously donated the Society the use of their building, and after the meeting several of the ladies served our members with a delicious repast. The evening passed altogether too quickly, and it was the last car that took the San Jose members homeward. Several of the Santa Clara dentists were guests of the evening, and the hope was expressed by them that they might often be allowed to meet with our Society.

This Society now holds bi-monthly meetings, every other one to be held at some point outside of San Jose. This arrangement, we hope, will keep us in closer touch with members living away from San Jose, as well as offering an outing for our members.

The idea of inviting leading citizens of the different professions to meet with us and discuss subjects of mutual interest is growing every day, and ere long we hope it will be necessary to secure larger quarters for our meetings.

K. C. PARK, Secretary.

SOLANO COUNTY.

At the meeting of the Solano County Medical Society of March 12th, Dr. B. J. Klotz, a member who something like a year before had, in connection with all the other members of the Society, signed an agreement not to do contract or lodge work, was expelled from the Society for having taken up such work.

BOARD OF EXAMINERS.

The Governor has appointed the following as members of the State Board of Medical Examiners: Regulars, Drs. Cochran, Reinhardt, Mattison, James and Pope; Eclectics, Dougall and Mason; Homeopaths, Barnard and Tisdale; Osteopaths, Tasker and Sisson.

Found: A surgeon's black hand valise, containing surgical instruments; was recovered recently from the Sacramento river at Clarksburg.

For particulars address

DR. E. M. WILDER, Secretary,
Sacramento Co. Medical Society.

PUBLICATIONS.

A Manual of Obstetrics. By A. F. A. King, M. D., Professor of Obstetrics and Diseases of Women in the Medical Department of the George Washington University, Washington, D. C., and in the Medical Department of the University of Vermont, etc. Tenth edition, enlarged and thoroughly revised. 12mo., 688 pages, with 30 illustrations and three colored plates. Cloth, \$2.75, net. Lea Brothers & Co., Philadelphia and New York, 1907.

Operative Gynecology. By Howard A. Kelly. New York and London. D. Appleton & Co., 1906.

Nine years have elapsed since the first edition of this valuable work by the brilliant operator and teacher of Johns Hopkins University. The second edition comprises two volumes, eleven plates and 703 original drawings, for the most part by that inimitable illustrator, Max Brodel. Several chapters have been rewritten and brought up to date; the affections of bladder and kidney are treated with special thoroughness; the 50 pages devoted to the methods of examination contain much of practical value. Many chapters have been added by the author or by his well-known assistants. Particularly noticeable is the section on abdominal extirpation of the cancerous uterus by J. A. Sampson, whose painstaking and fruitful labors in this special field have received widespread recognition. An interesting section on gynecological diseases in children is contributed by Elizabeth Hurdon. The separate chapter devoted to anesthesia contains valuable data based on a vast hospital experience.

To those who have visited the Johns Hopkins Hospital, the perusal of "Operative Gynecology" will vividly recall many procedures which originated and have proven eminently successful in that model institution. It has been said apropos of Howard Kelly's recent publications that his lucid and accurate style greatly facilitated the task of the translator, but that the generosity and richness of the illustrator have discouraged many a prospective author.

Essentials of Medical Electricity. By Edward Reginald Morton, M. D., C. M., Trinity College, Toronto; D. P. H., F. R. C. S., Edin.; Medical Officer in Charge of the Electrical Department, London Hospital; Honorary Secretary of the Electrotherapeutic Society, etc. Eleven plates and seventy illustrations. London, Henry Kimpton; Chicago, W. T. Keener & Co., 1905.

This manual contains an excellent resume of the theoretical and practical aspects of electrotherapeutics. The plan of the book is good, and the descriptive matter clear. The first portion is largely given to a discussion of physics, while the remaining part is devoted to the physiological manifestations of electrical stimulation, the diagnostic uses of electricity and the practical application of electrotherapy. We recommend this compend as an introduction to the study of the subject.

A. J. L.

REPORT OF COMMITTEE ON INSURANCE FEES.

To the Medical Profession of the United States: At the Boston session of the American Medical Association the undersigned were appointed as a committee to investigate and to report on the insurance-examination question. We were instructed to confer with the insurance companies which had reduced the medical examination fee from \$5 to \$3, and, if possible, to induce them to return to the original fee. Nothing could be done during the summer, owing to

the fact that representatives of the companies, as well as some members of the committee, were absent on their vacations, either in Europe or at other distant points.

At the earliest opportunity after the vacation the matter was taken up with representatives of the Equitable, the Mutual and the New York life insurance companies. The last company, it will be remembered, had reduced its fees eleven years ago, and its officers declined at first to meet us in our official capacity. When this technicality was brushed aside it was found that none of these companies would restore the fee unless all should agree to do so. The New York Life Insurance Company apparently blocked the concerted action, essential to a restoration of the fee to \$5, and a compromise proposition, made by us, was also rejected. Therefore, our efforts to influence the companies to restore the fee to a just and proper one have failed.

We were also instructed to make known to the profession, through The Journal of the American Medical Association or otherwise, the results of the negotiations with the companies, and to advise what policy should be pursued in the event of failure to have the fee restored. In doing this the following facts should be stated:

First.—The reduction of fees was made by the companies without consultation with their examiners, either collectively or individually.

Second.—The companies insist that they be left to deal with individual physicians and not with the profession as a whole.

Third.—On the other hand, they themselves have practically agreed to stand together in maintaining the reduced, insufficient and, we believe, unjust fee.

Fourth.—The companies claim that physicians' fees were reduced on account of the legislation in New York. The facts do not warrant this statement. The fee was reduced by the New York Life eleven years before the present law in New York was thought of, and by the others before it was proposed. The recent action of the Manhattan, a New York company, restoring the fee to \$5, only emphasizes the correctness of our position on this point.

Fifth.—We find that the so-called economic measures instituted by these insurance companies have apparently been chiefly in the medical department, and that the medical department was almost the only one which was not smirched by the past history of extravagance practiced by the officers of the companies.

Sixth.—We believe that the companies can and should continue to pay a minimum fee of \$5 for medical examinations, which seems to us to be a reasonable and just remuneration.

These are the facts, and we refer the question to the county and state societies for such action as they may deem wise and proper. We urge, however, that the will of the majority be not made a test of membership, in accordance with the modern idea in the profession that kindness and moral suasion should be substituted for the old methods of ostracism and exclusion in all of our work.

J. H. MUSSER, Chairman,
JOHN A. WYETH,
WM. J. MAYO,
FRANK BILLINGS,
J. N. McCORMACK.

A Partial List of Companies Paying the Flat Fee of \$5.00.

North Western Life Insurance Co., Milwaukee.
Mutual Benefit Life Insurance Co., Newark, N. J.
Connecticut Mutual Life Insurance Co., Hartford.
The Manhattan Life Insurance Co., New York.
Aetna Life Insurance Company, Hartford.
The Providence Life and Trust Company, Philadelphia.

Commonwealth Life Insurance Co., Louisville, Ky.

Boston Mutual Life Insurance Company, Boston.
Citizens Life Insurance Company, Louisville, Ky.
New England Mutual Life Insurance Company, Boston.

Massachusetts Mutual Life Co., Springfield, Mass.
Nat. Life Ins. Co., Montpelier, Vt.

Pacific Mutual Life Insurance Company of California, Los Angeles.

NEUROGRAPHS.

A Series of Neurological Studies, Cases and Notes.

Editor: William Browning, Ph. B., M. D. Vol. I. No. 1.

From the announcement we learn that "the reason for starting this publication is a need for some convenient place to put on record work done by men more or less associated with the editor, and thus to utilize opportunities, material and effort much of which would otherwise be lost." We must leave it to the editors of the previous current neurological publications to refute the charge of inconvenience implied in the reason for calling neurography into existence. As for the danger of that being otherwise lost which Dr. Browning and his associates would not willingly let die, we fail to see how the risk would be greater if it were committed to the pages of well-established journals supplied by contributors far and near than when it appears independently as the production of a group. And work of such quality as is found in this first number would have easy access to good periodicals. However, such misgivings about the advisability or necessity of a new venture are generally expressed by the conservative and not infrequently believed by the issue. This kind of enterprise is by no means without successful precedent. The contents of the initial number are:

1. A Case of Brain Abscess, Localization, Operation, Recovery, by J. E. Sheppard. There is nothing specially novel, but the reports of such successes serve at least to encourage les autres.

2. Cephalic Tetanus in America, by F. C. Eastman. The author reproduces the description of a case by the famous Charles Bell in 1830 and Rose's original case, reviews critically the American literature and adds three new cases.

3. A case of Myasthenia Gravis Pseudoparalytica with Adenoma of the Pituitary Body, by Frederick Tilney. An interesting paper with ten illustrations, five of them being good photomicrographs by Dr. Archibald Murray, who was years ago an esteemed member of the staff of the San Francisco Polyclinic.

4. Lane Remarks on the Facial Nucleus, by Edwin G. Zabriskie. The patients who furnished the material had peripheral facial paralysis from disease of the ear, and their death from meningitis enabled the author to examine the facial nucleus by the Nissl method.

5. The first paper of Clinical Studies on the Pressure Effects of Lane Cordio-Vascular Agents, by Tilney and Brockway.

6. A Family Form of Progressive Muscular Atrophy (Myelogenic Type), beginning late in life, by Wm. Browning.

7. Note on the Administration of Arsenic. We are told that Fowler's Solution is untrustworthy and that arsenic should be prescribed in the solid form.

The form of Neurography is convenient for the pocket. Future numbers "will be issued only as material dictates." The net price for the current volume is \$2.